

**Buffalo Veterans Treatment
Court
Volunteer Mentoring
Program
Application**



Buffalo Veteran's Court

Volunteer Mentoring Program

Application Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

Email Address: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Branch of Service: _____ Length of Service: _____
 TYPE OF DISCHARGE _____

Occupation: _____

Are you available on Tuesday afternoons between 2 and 4pm? Yes No

What does being a "mentor" mean to you?

What motivated you to want to participate in Veteran's Court Mentoring Program?



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What skills and experiences do you bring to the mentoring program that will be helpful to you, the other mentors, or the veterans in the program?

What are you hoping to take away from volunteering with the Veteran's Court Mentoring Program?

*****MENTORS MUST HAVE A HONORABLE DISCHARGE AND SUBMIT TO A VETTING PROCESS (POLICE BACKGROUND CHECK)**

Mentors will be expected to participate in observation, training, shadowing, and supervision as part of their entry into the mentoring program. Mentors will also be expected to attend additional trainings and monthly group supervision meetings. The Veteran's Court Mentoring