Richmond County Veterans' Court

Mentor Application

General Information

Last Name:	First Na	ame:
E-mail:		
		O Home O Work O Cell
Phone 2:		O Home O Work O Cell
Do you speak a languag։	e other than English? O Yes	O No
lf yes, list language(s): _	12. 10 1E 3.	art - m' - r - m
Employer:	Po	osition:
Are you willing to submit	to a background investigation	? O Yes O No
Are you willing to submit	to a drug and alcohol test?	O Yes O No
Military Experience		
Branch of Military Service	ə:	Length of Service:
O Active O Re	eserve O Guard	
Dates of Service:		
Type of Discharge:		
Rank:		
	e members? • O Yes O No	

Do you have experience with any veterans' organizations? O Yes O No
If yes, please list the organizations:
Mentor Information
Please circle the days you are available to mentor: M T W TH F
Available time(s) for each day:
Have you previously served as a mentor? O Yes O No
If yes, in what capacity and where (including organization & city)
How did you learn about the Mentor Program?
What does being a mentor mean to you?
What skills and experiences do you bring to the mentoring program that will be helpful to the veterans in the program and the other mentors?
What are you hoping to take away from volunteering with the Veterans Treatment Court mentoring program?

Mentors will be expected to participate in court observation, attend ongoing training and be supervised by a mentor coordinator.

^{*} Completed applications must be submitted by email (.pdf format) or postal mail to:
Robert A. Mulhall, Esq.: motionwarrior@gmail.com
1001 Clove Rd., Staten Island, NY 10301