

**Brooklyn Treatment Court
Veterans Mentoring Initiative
Volunteer Mentor Application**

Date: _____ Name: _____

Address: _____

Email Address: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Branch of Service: _____ Length of Service: _____

Type of Discharge: _____

Employer: _____ Occupation: _____

Do you speak any languages other than English? Yes No

If yes, please list all languages you are fluent in.

How did you learn about the BTC Veterans Mentoring Program?

Please list your availability for mentoring:

Have you ever been a mentor? Yes No

If yes, where have you been a mentor?

What does being a mentor mean to you?

Why are you interested in being a mentor?

What are your hobbies and/or interests?

What special skills or strengths do you have that will help you be a mentor to others?

Do you anticipate any challenges in serving as a mentor?

What do you hope to gain from volunteering as a veteran mentor?

**** PLEASE NOTE: MENTORS MUST HAVE AN HONORABLE DISCHARGE AND
SUBMIT TO A VETTING PROCESS****

Mentors will be expected to participate in observation, training and supervision as part of their entry into the Mentoring Program. Mentors will also be expected to attend additional training as needed and a monthly group supervision meeting.