

Superior Court of the State of Delaware
Veterans Court Mentoring Program

Volunteer Mentor Application

LAST NAME		FIRST NAME		MIDDLE NAME		DOB (dd/mm/yyyy)	
ADDRESS				CITY	STATE	ZIP	SSN
EMAIL ADDRESS				HOME PHONE		CELL/WORK PHONE	
BRANCH OF MILITARY SERVICE	GRADE/RANK	DATES OF SERVICE		COMBAT SERVICE	YES	NO	Theater

EMPLOYMENT

Have you ever been a defendant in a criminal matter (other than summary traffic offenses)? If so, please list all offenses with which you were charged and the outcome of the case. **This information will remain confidential.** It is recognized that personal experience with the criminal justice system may help a mentor better relate to a veteran facing criminal proceedings.

Do you have a history of engaging in addictive behaviors including, but not limited to, use of illegal drugs and/or abusing alcohol or prescription medicine. If yes, please describe and indicate since you have been clean or last engaged in addictive behavior. **This information will remain confidential.** It is recognized that past substance abuse history may help a mentor relate better to a veteran who is him- or herself suffering from substance abuse problems.

Please provide any additional information you feel should be taken into consideration for your application.

Please list three (3) references who are not relatives, their addresses and phone numbers:

By signing below I certify that I have read and understand the duties and responsibilities of a Volunteer Mentor in the Delaware Veterans Court Mentoring Program (the "Program"), that I give permission to the Program to conduct a background investigation to verify the accuracy of the information contained in this Application or otherwise determine my suitability to serve as a Volunteer Mentor.. I knowingly and voluntarily waive all liability against all persons providing and obtaining information for the Program concerning my Application. I also understand that this Application does not create a contract, employment or agency relationship, nor am I guaranteed to be selected as a Volunteer Mentor. I further understand that any intentional omission or misrepresentation of fact in this Application may result in refusal or separation as a Volunteer Mentor.

Signature

Date: _____

Printed Name