Nassau County Veterans Treatment Court Mentor Application

Date:	
Last Name:	First Name:
Address:	
E-mail	
Phone 1:	O Home O Work O Cell
Phone 2:	O Home O Work O Cell
Branch of Military Service:	Years You Served:
Type of Discharge:	
Employer:	Position:
Please circle the days you are ava	ailable to mentor: M T W TH F
Time Available: (Mentors should be sessions, Mondays 12:30-3:30 p.r 99 Main St, Hempstead, NY 1155	n. at Nassau County First District Court,
Do you speak a language other th	an English? O Yes O No
If yes, list languages:	
Have you previously served as a r	mentor? O Yes O No
If yes, in what capacity and where	?

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
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.

Please complete and return this form via postal mail to Ken Rosenblum, Mentor Coordinator, 77 Maple Avenue #101, Rockville Centre, NY 11570, or scan and email to kenr@tourolaw.edu.