

Westchester County Veterans Treatment Track
Mentor Application

General Information

Date: _____

Last Name: _____ First Name: _____

Address: _____

E-mail: _____

Phone 1: _____ Home Work Cell

Phone 2: _____ Home Work Cell

Do you speak a language other than English? Yes No

If yes, list languages: _____

Employer: _____ Position: _____

Are you willing to submit to a background investigation? Yes No

Are you willing to submit to a drug and alcohol test? Yes No

Military Experience

Branch of Military Service: _____ Length of Service: _____

Active Reserve Guard

Dates of Service: _____

Type of Discharge: _____

Rank: _____

Military Occupational Specialty: _____

Did you supervise service members? Yes No If yes, how many? _____

Do you have experience with any veteran's organizations? Yes No

If yes, please list the organizations: _____

Mentor Information

Please check the days you are available to mentor: M T W TH F

Time Available: _____

Have you previously served as a mentor? Yes No

If yes, in what capacity and where _____

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. The following courts have designated Veteran Treatment Tracks: Mount Vernon City Court, New Rochelle City Court, Yonkers City Court, White Plains City Court and Westchester County Court -Judicial Diversion Part.

Please return completed application to:

Mail: Dr. Betty Campbell
 Office of the Administrative Judge 9th JD
 111 Dr. Martin Luther King Blvd
 White Plains, NY 10601
Fax: (212) 457-2625
Email: 9thdrugcourt@nycourts.gov
Inquiry: (914) 824-5820