

PLEASE RETURN COMPLETED FORM TO:

VETERANS' MENTORING PROGRAM

455 W. HAMILTON STREET, Room 307, ALLENTOWN, PA 18101

**VETERANS' MENTORING PROGRAM
MENTEE APPLICATION**

I Personal Data (Please Print)

Name: First _____ M.I. _____ Last _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Place of Birth: _____

Gender: (please circle): Male Female

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Home Address: _____

Mailing Address (if different from above): _____

Are you: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed

Spouse/Partner's name, if married or separated _____

Do you have any children? If so, please provide first names: _____

Emergency Contact: Name _____ Relationship _____

Phone Number _____

II Military Record

Branch of Service: _____ Date of Entry: _____ Date of Separation: _____

Type of Discharge: _____ If not "Honorable", please explain: _____

Are you _____ Active _____ Reserve _____ National Guard? (Please check all that apply)

Retired Military? (Y/N) _____

Serve in a Combat Zone? _____ Yes _____ No If yes, where: _____

Do you currently possess a DD-214 _____ Yes _____ No (If Yes, please provide a copy.)

III Education (List highest level first)

Name of School _____

IV Persons Living in Household

First and Last Name

Age

Relationship

| First and Last Name | Age | Relationship |
|---------------------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

V Agency Involvement (list only facilities, rehabilitation programs, social service

Agencies where you previously have or are receiving services)

Name of Agency

Type of Service

| Name of Agency | Type of Service |
|----------------|-----------------|
| | |
| | |
| | |
| | |

VI Medications

Are you taking medications? Yes (please list) No

VII Medical Issues

Are you presently being treated or have you ever been diagnosed for any mental health issues?
 Yes No

If yes, please describe: _____

Are you presently being treated for any physical conditions or physical disabilities?

Yes No If yes, please describe: _____

VIII Drug and Alcohol Issues

Do you now or have you ever used drugs or alcohol to the extent that it caused legal, personal or employment problems? Yes No. If yes, please describe: _____

IX Transportation

Do you have a car? Yes No

Do you have a driver's license? Yes No

Do you have other transportation available? Yes No

If yes, please describe: _____

X Employment

Are you presently employed? Yes No

If yes: Name of Employer: _____

Position: _____

XI Criminal History

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please describe type of charge(s): _____

Do you have criminal charges pending? Yes No

Do you have an attorney? Yes No

If yes: name of your attorney _____

Are you presently on probation or parole? Yes No

If yes, what County and State? _____

Name of Probation or Parole Officer: _____

Are you presently incarcerated? Yes No If yes, where? _____

XII Reason for Application

Please briefly describe the reason you are interested in the Veterans' Mentoring Program:

Be advised this is a voluntary program for individuals facing criminal charges. Before submitting this form, you may wish to consult with an attorney.

I certify that this document has been completed freely and voluntarily and that the information given above is accurate and complete to the best of my knowledge. I understand that the information provided by me shall only be utilized in evaluating and assisting me in the Veterans' Mentoring Program.

Signature: _____

Date: _____