



16th Judicial Circuit

State of Illinois

Veterans Treatment Court Mentoring Program

Volunteer Mentoring Application



Last Name		First Name		Middle Name	Date of Birth
Address		City	State	Zip	Social Security Number
Email Address		Home Phone		Cell Phone	
Branch of Military Service	Grade/Rank	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 addition 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:

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>

By signing below, I certify that I have read and understand the duties and responsibilities of a Volunteer Mentor in the Illinois Veterans Treatment Court Mentoring Program. 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. I also understand that by signing this agreement, I am adhering to a confidentiality agreement, and that I am not to discuss any information gained through this process with individuals outside of the Veterans Treatment Court.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_