York County Veterans Treatment Court
Volunteer Mentor Application

Date: _____

Last name: _____ First name: _____

Address: _____

E-mail address: _____

Phone: Home _____ Work _____ Cell _____

Branch of service: _____ Length of service: _____

Rank: _____

Occupation: _____

Work hours: _____

What does being a "mentor" mean to you?

_____

_____

_____

_____

_____

_____

What motivated you to want to participate in the Veterans Court Mentoring Program?

_____

_____

_____

_____

_____

_____

What skills and experiences do you bring to the mentoring program that will be helpful to you, the other mentors or the veterans in the program?

_____

_____

_____

_____

What are you hoping to take away from volunteering with the Veterans Court Mentoring Program?

_____

_____

_____

_____

_____

_____

You will be contacted following review of your application. Thank you for your interest!

Please mail completed application to:
Barre Shepp, Veteran Mentor Coordinator
York County Treatment Courts
P.O. Box 3428
York, PA 17402

If you have questions about the Veterans Court Mentoring program, please contact
Barre Shepp, Veteran Mentor Coordinator, at 717-767-7448 or via email at navwea@comcast.net.