



Cuyahoga County Common Pleas Court
Veterans Treatment Court
Honorable Andrew J. Santoli

Veterans Treatment Court Mentor Program Application

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____, OH _____
Street City Zip

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Current Occupation: _____

Brief Job Description: _____

What does being a "Veteran Mentor" mean to you?

What motivated you to want to participate in the Veterans Treatment Court?



What skills and experiences do you have that may be helpful to the Veterans, the Veterans Treatment Court, and other mentors?

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

APPLICANT'S MILITARY HISTORY

Branch(s) of Service: _____ Component: _____

MOS / NEC _____ Period(s) of Service: _____

Unit (at time of discharge): _____

Deployment: Yes No; if yes, describe: _____

Rank (at discharge): _____ Type of discharge: _____

Veterans Treatment Court

Veteran Mentor's Application Form and Background Information

Applicant's Brief Work History:

Education and Training:

Veteran Mentors will be asked to participate in an interview with the Mentor Coordinator (and possibly the Judge) and if accepted into the program, will be expected to participate in observation, training, shadowing, and supervision prior to engaging in mentoring veterans. Veteran Mentors will be expected to attend additional training and group supervision meetings. The Veterans Treatment Court is looking for at least a 12-month commitment from each applicant prior to the applicant entering the training program, but there is no required end date to this service.

The Mentor Applicant must submit a copy of his or her DD-214 or retirement letter along with this completed application.

PLEASE RETURN APPLICATION TO:

Cuyahoga County Common Pleas Court

ATT: VTC Coordinator, Brandon Williams

Justice Center 4th floor

1200 Ontario Street, Cleveland, Ohio 44113

Email: BWilliams1@cuyahogacounty.gov

Office: 216-443-8497 Cell: 216-501-9840



RELEASE

By signing below, The Veteran Mentor Applicant hereby agrees and consents to the Cuyahoga County Veterans Service Commission obtaining records associated with the Veteran Mentor Applicants military service from appropriate agencies, which may include the Ohio Department of Military and Veterans Affairs, the Department of Veterans Affairs, or the Department of Defense, for the use in assessing the Veterans Mentor Applicant's military background and character of service based upon the military service information set forth within this two page application. The Veteran Mentor Applicant hereby agrees and consents to the Cuyahoga County Veterans Treatment Court Program performing a criminal background check using the information included in this application, if requested.

Applicant's authorization:

Date: _____ SSN: _____
Printed Name Signature

Witness:

Printed Name Signature Date: _____