



LA CROSSE AREA VETERANS MENTOR PROGRAM
VETERANS MENTOR APPLICATION FORM
AND
BACKGROUND INFORMATION

Last Name: _____ **First Name:** _____

Address: _____

Email Address: _____

Phone 1: _____ **Home** **Work** **Cell**

Phone 2: _____ **Home** **Work** **Cell**

Are you available on an on-call and as needed basis? **Yes** **No**

Current Occupation:

Brief Job Description:

What does being a “Veterans Mentor” mean to you?

Continued on back

What motivated you to want to participate in Veterans Mentor Program?

Continued on back

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

Continued on back

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

Continued on back

Applicant's Military History:

Branch 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: _____

Prior contact with the VA or any related services: Yes / No if yes, describe: _____

Prior contact with community based organizations (e.g., AA, NA, La Crosse County Human Services Dept., or community groups): Yes / No if yes, describe: _____

Applicant's Biographical Information:

Date of Birth: _____ Birth location: _____

Gender: Male / Female

Places and periods of prior residences: _____

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Last Name: _____ First Name: _____

Marital Status _____ If married: spouses name: _____

Spouse's veteran status: _____

Was spouse involved with support groups during any deployment periods? Yes / No

Applicant's brief previous work history: _____

Education: _____

Language proficiency: _____

PLEASE LIST THREE CHARACTER REFERENCES:

Name: _____ Address: _____ Telephone: _____

Veterans Mentors will be required to participate in an interview with two Mentor Coordinators and, if accepted into the program, will be expected to participate in observation, training, shadowing, and supervision prior to engaging in mentoring of veterans. Veterans Mentor will be expected to attend additional trainings and group supervision meetings. The La Crosse County Veterans Mentor Program is looking for at least a 12 month commitment from each applicant prior to the applicant entering into the training program, but there is no required end date to this service. If you have any questions or concerns, please contact Thom Downer, Mentor Coordinator for the La Crosse County Veterans Mentor Program at 608-790-7368 or by e-mail at thom49@charter.net. The Mentor Applicant must submit a copy of his or her DD 214 or retirement letter with this application.

RELEASE

The Veterans Mentor Applicant, by signing below, hereby agrees and consents to the La Crosse County Veteran Service Office obtaining records associated with the Veterans Mentor Applicant's military service from appropriate agencies, which may include the Wisconsin Department of Veteran Affairs, the Department of Veteran Affairs, or the Department of Defense, for use in accessing the Veterans Mentor Applicant's military background and character of service based upon the military service information set forth within this three page application.

_____ [signature]

PRINTED NAME OF WITNESS

_____ [signature]

[signature] _____

PRINTED NAME OF WITNESS

PRINTED NAME OF VETERANS MENTOR APPLICANT:

DATE: _____