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| **COLORADO VETRANS TREATMENT COURT**  **VOLUNTEER PEER MENTOR APPLICATION** |

## CONTACT INFORMATION

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Phone |  |
| E-Mail Address |  |
| Preferred Contact Method |  |
| Emergency Contact Name & Phone |  |

## MILITARY SERVICE

Have you ever served in the US Armed Forces? Choose an item.

Branch of Service (check all that apply): Choose an item.

Dates of Service: From: Click or tap to enter a date. To: Click or tap to enter a date.

Did you serve in a combat zone? Choose an item.

What was your job in the US Armed Forces? Click or tap here to enter text.

## SPECIAL SKILLS OR QUALIFICATIONS

### Summarize any skills and/or qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that would be relevant to volunteering as a peer mentor.

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| Click or tap here to enter text. |

## PREVIOUS VOLUNTEER EXPERIENCE

### Summarize your previous volunteer experience.

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## VTC MENTOR QUESTIONS

Why would you like to volunteer with Veterans Treatment Court?

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How did you learn about volunteering with Veterans Treatment Court?

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Do you consent to a criminal background check? Choose an item.

## REFERENCES

Please provide the name and contact information for 2 non-family members who would be able to speak to your ability to perform as a volunteer peer mentor.

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| --- | --- |
| Name |  |
| Phone |  |
| Email Address |  |
| Name |  |
| Phone |  |
| Email Address |  |

## SIGNATURE

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |