



VOLUNTEER VETERAN MENTOR APPLICATION

Name: _____ DOB (dd/mm/YYYY) _____

Address: _____

Email: _____ Phone # _____

Social Security # _____ Gender: Male Female

Branch of Military Service: _____ Years of Service: _____

Type of Discharge: _____ Grade: _____

Combat Service YES NO If yes, which Theater(s) _____

Employment: _____

INSTRUCTIONS: Complete the attached application and forward it to mdonnelly@buckscounty.org along with a copy of your DD214 form and your certificate of completion of the Mentor on-line training**. The training is located at veterans.pacourts.us

By signing below I certify that I have read and understand the duties and responsibilities of a Veteran Mentor, that 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 Veteran 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 facts in this application may result in refusal or separation as a Volunteer Mentor.

Date _____

Signature

Printed Name

** - OPTIONAL