

## **Mentor Program Questionnaire:**

Please complete this questionnaire as soon as possible so that we can work on the assignments of our Mentor/Veteran teams. The information you provide will assist in identifying commonalities between Veterans and mentors and give you the best opportunity for a successful peer/mentor relationship.

Name: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Military Occupation: \_\_\_\_\_

Were you ever deployed: \_\_\_\_\_

If yes, how many times: \_\_\_\_\_

If yes, where: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Time frame when you are available for contact: \_\_\_\_\_

Days of the week you are available for contact: \_\_\_\_\_

Preferred method[s] of contact: \_\_\_\_\_

*Please keep in mind that the initial requirement is to have weekly contact by phone, e-mail or in person.*

Questions:

- 1) What are your expectation of a mentor while participating in the Veterans Treatment Court?
- 2) Would you prefer a male or female mentor? \_\_\_\_\_
- 3) Do you have a specific mentor you would like to have assigned to your case?  
Yes \_\_\_\_\_ Name \_\_\_\_\_  
No \_\_\_\_\_