

**PINE COUNTY
VETERANS RESTORATIVE JUSTICE PROGRAM
PEER MENTOR APPLICATION PACKET**

Please complete the following application. ALL information you share on this application will remain confidential. If you have any questions, please contact the VRJP mentor coordinator: Mindy Sandell mindy.sandell@co.pine.mn.us 1602 Hwy 23 N. Sandstone MN 55072

Name: _____

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip _____

*Phone Numbers: (Please mark which number you would like as your primary)

Home: (___) _____ Work: (___) _____ Cell: (___) _____

Email Address: _____

How were you referred to the Pine County Veterans Restorative Justice Mentoring Program?

Meeting with a Veteran:

1.) Which days' work best for you to meet with a Veteran?

Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___ Sat: ___ Sun: ___ Flexible: ___

2.) What time of day works best for you to meet with a Veteran?

Mornings: ___ Afternoons: ___ Evenings: ___ Flexible: ___

3.) Where would you be willing to meet with a Veteran?

Community: ___ VAMC: ___ Jails: ___ Courts: ___ Other (Be specific): _____

4.) How many times per month would you be willing to meet with a Veteran?

Once: ____ Twice: ____ Three: ____ Four: ____ Every week: ____ Flexible: ____

5.) Do you have your own transportation? If not, please identify:

Drive own Vehicle: ____ Rides from others: ____ City bus/light rail: ____
Other: _____

6.) How many minutes/hours would you travel to meet with a Veteran?

30 minutes: ____ 1 hour: ____ 2 hours: ____ Other: _____

Your Experience:

Describe your current or previous military experience. Include your MOS, branch, duties and discharge dates.

Have you experienced combat?

Have you ever had any Uniform Code of Military Justice actions taken against you?

Yes ___ No ___ Please explain:

Do you have an honorable discharge from the military? Yes ___ No ___

Why do you want to be a mentor?

List, three strengths you think are most important when mentoring:

- 1)
- 2)
- 3)

Please identify any personal experiences that you feel will help mentor another veteran. (Experience with PTSD, have received help from VA, have worked with Veterans Service Office, know the legal and court process, understand Traumatic Brain Injury):

Are you comfortable working with people who may have experience in these areas?

- | | |
|--------------------|----------------|
| Jails | Yes ___ No ___ |
| Prisons | Yes ___ No ___ |
| Probation Officers | Yes ___ No ___ |
| Case Workers | Yes ___ No ___ |
| VA Staff | Yes ___ No ___ |
| Court environments | Yes ___ No ___ |
| Drug/alcohol use | Yes ___ No ___ |
| PTSD/Depression | Yes ___ No ___ |
| Domestic Violence | Yes ___ No ___ |

What experience do you have with public agencies? (Examples: Corrections, Rehabilitation Centers, Social Security, VA Medical Center, Community Vets Centers, Work Force Centers, Drug Counselors):

Education:

Name of Institution(s)	Dates Attended	Degrees or Certifications
------------------------	----------------	---------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional classes or trainings that you have taken to improve yourself/skills.

Any additional information you would like to share about yourself or your experiences?

References: (Preferably NOT two people who are related to you).

Reference #1

Name: _____ Phone: _____

Address: _____

Relationship to you _____

How long has this person known you? _____

Reference # 2

Name: _____ Phone: _____

Address: _____

Relationship to you _____

How long has this person known you? _____

Background Check:

Have you ever been convicted of a felony or any other crime? Yes _____ No _____

Explain: _____

Have you ever been accused of or charged with physical or sexual abuse or neglect of anyone? Yes _____ No _____

Explain: _____

Are you dependent on illegal substances and/or abusing alcohol? Yes _____ No _____

Explain: _____

Signature: _____ Date: _____

Thank you for taking the time to fill out this application. Please return to VRJP Mentor Coordinator: Mindy Sandell mindy.sandell@co.pine.mn.us 1602 Hwy 23 N. Sandstone MN 55072

Code of Confidentiality

As I participate with veterans, I will respect their rights to total privacy concerning the details of their lives. I will not discuss their names, addresses, backgrounds, family relationships or the nature of their problems. That is, I can talk about what I do but not with whom I do it with. I understand that my confidentiality continues even if I cease to be a volunteer.

Mentors will, to the best of their ability, ensure confidentiality and privacy in regard to history, records, meetings, and all discussions about the veterans they serve. Disclosure can be made only if the mentor feels that a mentee is threatening to harm self or others. The mentor must first contact the police if it is an emergency and then the peer mentor coordinator. Only information about the safety and the unsafe situation may be disclosed at this time. The principle of confidentiality must be maintained in all programs, departments, functions and activities.

Mentor Signature

Date

Peer Mentor Coordinator's Signature

Date

Please sign and return to:

VRJP Mentor Coordinator: Mindy Sandell mindy.sandell@co.pine.mn.us **1602 Hwy 23
N. Sandstone MN 55072**

**PINE COUNTY VETERANS RESTORATIVE JUSTICE PROGRAM
CRIMINAL BACKGROUND CHECK: PEER MENTOR PROGRAM**

Part of the application process to become a Mentor for the Pine County Veterans Restorative Justice Program requires your consent to a criminal background check. To complete this requirement an individual interested in becoming a mentor agrees to allow the Pine County to run a nationwide criminal history. Printing your full name and date of birth below gives permission for this process to occur.

Name: _____
 First Middle Last

Date of Birth: _____

Signed: _____ Date: _____

Please sign and return to:

VRJP Mentor Coordinator:

Mindy Sandell 1602 Hwy 23 N. Sandstone MN 55072