



## Veterans Treatment Court Mentor Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ MOS & Job Duties: \_\_\_\_\_

Have you ever served in a combat zone? \_\_\_\_\_

If Yes, in what combat zone did you serve? \_\_\_\_\_

Past volunteer experience (include organization/agency, position, supervisor's phone/email)

\_\_\_\_\_

Employment (include most recent employer, position, supervisor's phone/email)

\_\_\_\_\_

Why do you want to volunteer as a mentor with Veterans Treatment Court?

\_\_\_\_\_

What does being a mentor mean to you?

\_\_\_\_\_

How did you learn about Veterans Treatment Court Mentoring Program?

\_\_\_\_\_

Are you able to attend court appearances each week?  
*If not, it is okay. Reporting progress back to the court will be coordinated.*

Yes

No

Can you provide one hour per week outside of court to mentor your veteran?

Yes

No

Are you willing to take part in a criminal background check?

Yes

No

Are you currently on or have been on parole, probation, or under civil investigation or prosecution?

Yes

No

If so, please explain: \_\_\_\_\_

Please give the name, address and phone number/email of three non-family members who can provide references on your ability to perform in the volunteer position.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

#### **VTC Mentor Application Checklist**

- DD214 (*submit with application*)
- Hawai'i Veterans Treatment Court Veteran Mentor Agreement
- Acknowledgement of Volunteer Veteran Mentor Rules
- Communications & Community Relations (CCR) Application
- Consent to the Disclosure of Confidential Information

*In addition, volunteers will need to watch *The Judiciary, State of Hawai'i, Discrimination/Harassment-Free Workplace Policy On-Line Training video at the Communications and Community Relations Office.**

**Please return completed application by email, fax or mail to:**

Taryn Dean, LCSW, CSAC, MAC  
Veterans Treatment Court Mentor Coordinator  
U.S. Department of Veterans Affairs  
Pacific Islands Healthcare System  
459 Patterson Road  
Honolulu, HI 96819  
Mobile: (808) 927-9146  
Office: (808) 433-0328  
Fax: (808) 433-0392  
Email: [Taryn.Dean@va.gov](mailto:Taryn.Dean@va.gov)



## Hawai'i Veterans Treatment Court Mentor Agreement

I \_\_\_\_\_ attest that I am a veteran of one of the branches of the United States Armed Forces, which include the US Army, US Navy, US Marine Corps, US Air Force, US Coast Guard, or their corresponding Reserve components.

In order to be a mentor in the Hawai'i Veterans Treatment Court, I agree:

1. Adhere to all of the Hawai'i Veterans Treatment Court programs, policies, and procedures.
2. Commit to participation for a minimum of (6) six months or until the Hawai'i Veterans Treatment Court participant graduates.
3. Complete the required initial training as specified by the Court prior to participation in the Hawai'i Veterans Treatment Court.
4. Participate in any required additional training as required by the Hawai'i Veterans Treatment Court.
5. Visit with the Hawai'i Veterans Treatment Court participant for at least one hour per week. Either face to face, telephone, or text messaging.
6. Not engage in any drug use, alcohol us, sexual activities or any other unlawful activities with the Hawai'i Veterans Treatment Court participant.
7. Notify the Hawai'i Veterans Treatment Court Supervisor if the Hawai'i Veterans Treatment Court participant becomes suicidal, wants to harm others, or engages in unlawful activities.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

## Acknowledgement of Volunteer Veteran Mentor Rules

The mentor's primary obligation is to support the Veteran. In all relationships, the mentor will protect the Veterans welfare and will diligently seek to assist the Veteran in reaching his/her goals.

As a volunteer Veteran mentor, I agree:

- To protect the confidentiality of my mentee.
- To act on the Veteran mentee's interest unless to do so would endanger him/her or others.
- To act professionally when representing the program and the sponsoring agencies in the community.
- To refer the Veteran mentee to other agencies/organizations as appropriate.
- To work with the Veterans Mentor Coordinator to resolve conflicts.
- To stay within the limits of my training and competency as a volunteer Veteran Mentor.
- To maintain objective and professional standards in relationships with the Veteran Mentee.
- To refrain from imposing my values, lifestyle or beliefs on the Veteran mentee.
- Not to promise better outcomes than can reasonably be expected.
- Not to exploit the Veteran mentee or the relationship for agency or personal advantage.
- Not to become involved in any monetary business arrangements or commitments beyond those required for delivery of services or any other type of solicitation.
- To refrain from verbal, physical, or emotional abuse or violence. Any such action will be dealt in a timely manner.
- To inform the Veteran mentee that I am obligated to report certain illegal or destructive behavior to the Veterans Treatment Court Supervisor/Probation Officer or VTC Team.
- That in an emergency situation, I will contact the mental health crisis team or police and then the Veterans Mentor Coordinator. If I am unsure whether to take action, I will consult with the Veterans Mentor Coordinator. I will disclose information relevant to the situation.

\_\_\_\_\_  
Mentor Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veteran Mentor Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VTC Supervisor Signature

\_\_\_\_\_  
Date

# Communications & Community Relations (CCR) Application

(\*Please complete all REQUIRED FIELDS\*)

## \*Contact Information

<b>*Name (Mr., Mrs., Ms./First/Last):</b>			
<b>*Mailing Street Address:</b>			
<b>*Mailing City, State, &amp; ZIP Code:</b>			
<b>*Home Phone:</b>		<b>*Cellular Phone</b>	
<b>*E-Mail Address</b>		<b>*Date of Birth:</b>	

## \*Person to Notify in Case of Emergency

<b>*Name</b>			
<b>*Home Phone</b>		<b>*Work Phone</b>	

## Medical Plan Provider

<b>Medical Plan Provider</b>			
<b>Telephone</b>		<b>Primary Physician</b>	

## \*Availability

<b>*Available Date</b>	<b>*Start:</b>	<b>*Finish:</b>
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**\*Times Available:** \*(Please choose a Start and End time for each day you are available)

	<u>*Start Time</u>	<u>*AM/PM</u>	-	<u>*End Time</u>	<u>*AM/PM</u>
<input type="checkbox"/> Monday			-		
<input type="checkbox"/> Tuesday			-		
<input type="checkbox"/> Wednesday			-		
<input type="checkbox"/> Thursday			-		
<input type="checkbox"/> Friday			-		

## \* Position Preferences:

**\*Preferred Position:** Veterans Treatment Court Mentor  
**\*Judiciary Staff/Office with whom you've been placed:** Veterans Treatment Court

## \*Skills or Qualifications

Click here to enter text.

**\* Have you volunteered before with the Judiciary?**  YES  NO

## \*Confidentiality:

**Volunteer work at the Judiciary requires you to respect confidential information.**

**\*Are you able to do this?**  YES  NO

**\*Any reservations about volunteering?**  YES  NO

The Judiciary, State of Hawai'i  
COMMUNICATIONS AND COMMUNITY RELATIONS  
First Judicial Circuit

CONSENT TO THE DISCLOSURE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ HEREBY AUTHORIZE the program manager, his agents, successors or assigns of the Communications and Community Relations (CCR) volunteer office, a volunteer program administered by the Judiciary in the above entitled circuit to obtain copies of, or inspect any criminal records I may have.

I, FURTHER RELEASE the Hawai'i Criminal Justice Data Center and their agents, successors or assigns from any responsibility in connection with the disclosure of such information to the Communications and Community Relations (CCR) volunteer office, a volunteer program;

I UNDERSTAND:

1. That this consent to the disclosure of confidential information will comply with statutory requirements for the protection of such records and the conditions for the divulgence of such information;
2. That the information may be used as a basis for rejecting my application or continued involvement as a volunteer in the Communications and Community Relations (CCR) volunteer office, a volunteer program;
3. That I can withdraw this consent upon my written request;
4. That any written withdrawal of consent will be effective the date of the receipt of the request by the program manager of Communications and Community Relations (CCR) volunteer office in the above entitled circuit.
5. That unless a written withdrawal of consent is received as noted above, my consent is valid for 180 days or upon my termination from the Communications and Community Relations (CCR) volunteer office, whichever occurs first.
6. That any information received pursuant to this consent may be shared with pertinent Judiciary staff who may be involved in supervising me as a volunteer.

I HAVE READ or have had all of the above read to me, and I understand the terms and conditions under which I give my consent.

INFORMATION REQUESTED BY:

\_\_\_\_\_  
Bryan C. St. Arnault  
CCR Volunteer Coordinator

\_\_\_\_\_  
(Signature of Volunteer/Date)

Date of Birth: \_\_\_\_\_

417 S. King St., Rm. 212, Honolulu, HI 96813  
Address

Phone (808) 539-4882