
13TH JUDICIAL CIRCUIT



VETERANS TREATMENT COURT MENTOR APPLICATION

"We are Veterans helping Veterans"



Name _____

Address _____ City _____ State _____ Zip Code: _____

Phone (Day) _____ Phone (Evening) _____

E-Mail Address _____

Emergency Contact _____ Phone _____



Employment (include most recent company, position, supervisor's name and contact information)

Past volunteer experience (include organization/agency, dates, position, responsibilities, and supervisor's name and contact information)

References (list the name, relationship, address, and contact information of three non-family members who can provide references on your ability to perform this volunteer position)



Why do you want to volunteer with this organization?

How would you like to help this organization?

What are your hobbies, interests, and skills?



Branch of Service (check one)

Army Navy Marines Air Force Coast Guard

Component (check one)

Active Reserve Guard

Dates of Service _____

Type of Discharge _____

Have you served in a combat zone? (check one) Yes No

If yes, in what combat zone did you serve? _____

What was your job in the U.S. Armed Forces? _____

What type (if any) of special training did you receive in the Armed Forces? _____



Please send application **along with a DD Form 214** to:

Brandy Clark,
Veterans Court Mentor Coordinator
Phone: (573)886-4178
Fax: (573)886-4247

Mailing Address:

Alternative Sentencing Center
Boone County Courthouse
705 East Walnut Street
Columbia, MO 65201

Physical Address:

Alternative Sentencing Center
607 East Ash Street
Columbia, MO 65201