

# Erie County Veterans Treatment Court Mentor Application

## I. Personal Information

Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_  
(Please print)

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

City/State/Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

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

## II. Military

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Served in Hostile Fire/Imminent Danger Area (Combat Zone): \_\_\_ Yes \_\_\_ No

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

Do you currently possess a DD-214 Form? \_\_\_ Yes \_\_\_ No (If yes, please provide a copy)

*\*If no, please see the Erie County Veterans Affairs Coordinator to learn how you can obtain a copy (814-860-6265)*

## III. Education

Name of School:

Degree Earned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**IV. Medical Issues**

Are you currently receiving or ever received mental health services or treatment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you currently or ever been treated for any physical disabilities?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**V. Drug and Alcohol Issues**

Do you currently or ever used drugs or alcohol where it has caused legal, personal, or employment problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**VI. Employment**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Position: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Are you able to attend Court on Tuesdays at least once per month? \_\_\_\_\_ Yes \_\_\_\_\_ No

**VII. Criminal History**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

What State or County? \_\_\_\_\_

If yes, please describe the type of charge(s): \_\_\_\_\_  
\_\_\_\_\_

Do you have criminal charges pending \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you presently on probation or parole? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what county or state: \_\_\_\_\_



**VIII. Reason for Application**

What does being a "mentor" mean to you?

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Why do you want to become a Mentor?

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What makes you the best candidate to become a Mentor?

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What do you plan to take away from volunteering with the Veterans Court Mentoring Program?

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Any type of volunteer work: \_\_\_ Yes \_\_\_ No

If yes, explain:

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Are you a member of any veteran's organization (e.g. VFW, DAV, American Legion, etc.)?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      Which Posts? \_\_\_\_\_

List any Hobbies you may have:

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Please List 3 References along with their phone numbers:

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For more information or to submit an application, please contact:

Thad Plasczynski USN  
Erie County Veterans Court  
Mentor Coordinator  
140 West Sixth Street Room 111  
Erie, PA 16501  
(814) 451-6270  
Fax: (814)451-7477  
tplasczynski@eriecountypa.gov

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Erie, PA 16501  
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kfolmar@eriecountypa.gov

**Confidentiality:**

The information contained in this document is only for the use of the Veteran's Court staff to evaluate, interview and select mentors for its program. All information contained herein is confidential. If the mentor applicant withdraws his or her application in writing or the mentor applicant is not accepted into the Veteran's Court Mentor Program, this application will be immediately destroyed

