



Cobb County Veterans Accountability and Treatment Court

Volunteer Mentor Application

Name: _____ Date: _____

Address: _____

Current Occupation: _____

Contact Telephone Number: _____

Email: _____

Branch of Service: _____

Years of Service: _____

Rank: _____

Discharge: _____

Are you a Combat Veteran? _____

In what combat action did you serve? _____

Are you a Disabled Veteran? _____

Are you a member of any Veterans Service Organizations? _____

If so, which ones? _____

Are you willing to go through the training to become a Mentor? _____

Are you willing to serve as a Mentor? _____

What does being a Veteran Mentor mean to you? _____

What skills and experiences do you bring to the mentoring program that will be helpful to you, the other mentors, or the Veterans in the program? _____

What are you hoping to take away from volunteering with the Veterans Court Mentoring Program? _____

Anything else you would like us to know? _____

*** MENTORS MUST HAVE AN HONORABLE DISCHARGE AND SUBMIT TO A VETTING PROCESS AND CRIMINAL BACKGROUND CHECK.

Please mail form back to:

The Honorable Reuben M. Green

Cobb Superior Court

70 Haynes Street

Marietta, GA 30090-9642