

*'LEAVE NO VETERAN BEHIND'*

# Northeast Wisconsin Veterans Treatment Court

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Mentor Application Packet

## **History and identified Need of a Veterans Treatment Court**

The first Veterans Treatment Court originated in Buffalo, New York under the leadership of Judge Robert T. Russell in January 2008. It was the first court in the nation that specialized and adapted to meet the specific needs of veterans. Since October of 2008, and owing to the success of the Buffalo Veterans Court, numerous veterans' courts have sprung up across the country. Some question, "Why a Veterans Court?" The answers are many, but the most understandable answer may be that veterans are a niche population with unique needs. Members of the military and veterans are a distinctive population and have been confronted with experiences that the general population has never had to face. The Buffalo model demonstrates that veterans respond more favorably to other veterans, veterans who are there during this difficult time, to support and work with them in this time of need.

One of the key components attributed to the Buffalo Veteran Court's success is that **veteran peer mentors** are essential to the Veteran Treatment Court team. Active support from a veteran peer mentor throughout the treatment process increases the likelihood that a veteran will remain in treatment and improves the chances of sobriety and law-abiding behavior in the future. Mentors are volunteers who are veterans that might have had the experience of serving in Vietnam, Korea, Operation Desert Shield, Operation Enduring Freedom, and Operation Iraq Freedom. The veteran mentors serve in a variety of roles, including coach, facilitator, advisor, sponsor, and supporter. Mentors listen to the concerns and problems of the participants and assist them in finding solutions.

The Northeast Wisconsin Veterans Treatment Court was established in 2011 under the guidance of Judge Kendall Kelley who is a Navy veteran.

If you consider becoming a volunteer veteran mentor, you will be asked to make a commitment to work with your participant, attend court sessions as scheduled, and be available for mentor training sessions. Veterans Treatment Courts have been proven extremely successful and your involvement as a mentor only adds to the courts ability to turn the life of a veteran around and assist him/her to once again become a productive member of our society.

**Northeast Wisconsin Veterans Treatment Court  
Mentor Program Volunteer Application Form**

Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Past Volunteering Experiences (include organization/agency, position and supervisor):

Employment (include most recent company, position)

Why do you want to volunteer with this organization?

How would you help this organization?

What are your hobbies, interests, and skills?

Volunteer Experience:

Name of Business

Dates

Responsibilities

**References:** Give the names, address, and phone/email of three non-family members who can provide references on your ability to perform this volunteer position.

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

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

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

**Branch of Service:** (check one) Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_  
Coast Guard \_\_\_\_\_ Reserve \_\_\_\_\_ Air National Guard \_\_\_\_\_  
Army National Guard \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

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

Have you ever served in a combat zone? (circle one) Yes / No

If yes, in what combat zone did you serve?

\_\_\_\_\_

What was your job in the United States Armed Forces?

\_\_\_\_\_

What type of training did you receive in the Armed Forces?

\_\_\_\_\_

\_\_\_\_\_

Please send this application to the Northeast Wisconsin Veterans Treatment Court Mentor Coordinator:

Name: Tom Hinz

2819 Nicolet Dr. Green Bay WI 54311

Phone: 606-2012

e-mail: [psycshrf@netnet.net](mailto:psycshrf@netnet.net)

## Northeast Wisconsin Veterans Treatment Court Mentor Agreement Form

I \_\_\_\_\_ agree to the following to be a mentor in the  
Northeast Wisconsin Veterans Treatment Court.

- I am aware of one of the branches of the United States Armed Forces, including the Army, Marine Corps, Navy, Air Force, Coast Guard, or their corresponding Reserve and Guard branches.
- Adhere to all of the Northeast Wisconsin Veterans Treatment Court Programs, policies, and procedures.
- Commit to participation for a minimum of (1) year.
- Complete the required initial training as specified by the Court prior to participation in the Northeast Wisconsin Veterans Treatment Court (NEWVTC).
- Participate in any required additional training as required by the NEWVTC.
- Visit with the NEWVTC participant for at least one hour each week.
- Do not engage in any drug use, sexual activities, or any other unlawful activities with the Northeast Wisconsin Veterans Treatment Court participant.
- Notify the NEWVTC Mentor and/or Court Coordinator if the participant becomes suicidal, wants to harm others, or engages in unlawful activities.

\_\_\_\_\_  
Signature:

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

\_\_\_\_\_  
Witness:

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

## **Northeast Wisconsin Veterans Treatment Court Mentor Program Background Check Permission Form**

I hereby allow the Northeast Wisconsin Veterans Treatment Court (NEWVTC) to perform a check of my background, including:

- Criminal Records
  
- Volunteer Experience
  
- Military Service
  
- Personal References

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for the Northeast Wisconsin Veterans Treatment Court Mentor Program and that all such information collected during this check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the mentor volunteer position and other such information, as they deem appropriate.

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

## **Code of Confidentiality**

### **Northeast Wisconsin Veterans Treatment Court**

I will respect the veteran's right to privacy. I will not discuss his/her name, address, background, family relationships or the nature of his/her problems outside of what is required for the NEWVTC. I understand that confidentiality continues even if I cease to be a volunteer.

Mentor Signature:

Date:

Mentor Coordinator Signature:

Date:

## Rules for Mentors

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

- Act on the veteran's interests unless to do so would endanger him or herself or others
- Act professionally when representing the program and the sponsoring agencies in the community
- Refer the veteran to other agencies/organizations only after obtaining approval from the mentor program coordinator
- Work with the mentor coordinator to resolve conflicts
- Confine your role to the limits of your training and competency
- Maintain objective and professional standards in relationships with the veteran
- Refrain from pushing your values, lifestyle or beliefs on the veteran
- Do not promise better outcomes than can reasonably be expected
- Do not exploit the veteran or the relationship, for agency or personal advantage
- Do not become involved in any monetary business arrangements or commitments beyond those required for delivery of services or any other type of solicitation
- Sexual relations or harassment of any kind will not be tolerated. Any reports of inappropriate behavior will be investigated and legal action may be initiated
- Verbal abuse, physical abuse, or violence will not be tolerated. Violence or abuse must be reported to the mentor coordinator immediately
- Protect all information concerning the veteran as confidential. Only give personal information regarding the veteran to people the veteran has identified on a signed release form
- Encourage the veteran to report knowledge of crimes or planned crimes to the appropriate law enforcement authorities
- Inform the veteran that you are obligated to report illegal or destructive behavior to the mentor coordinator or probation officer
- In emergency situations, contact the mental health crisis team (if one is available) or police and then the mentor coordinator. If you are unsure whether to take action, consult with the mentor coordinator or the parole/probation officer. Only disclose information relevant to the situation.

### I HAVE READ AND UNDERSTAND WHAT IS EXPECTED OF ME:

Veteran Mentor Signature: \_\_\_\_\_ Date:

Mentor Coordinator Signature: \_\_\_\_\_ Date: