

## APPENDIX J

### Rowan County Veterans Treatment Court Mentor Application Form

#### Applicant Information:

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Social Security Number:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

#### Introduction:

The Rowan County Veterans Treatment Court (RCVTC) is a specialized Court designed to address the unique needs of veterans involved in the criminal justice system. By serving as a Mentor in this program, you will have the opportunity to receive comprehensive training and support services aimed at giving you the tools for promoting the recovery, stability, and reintegration of participating veterans into the community.

#### Eligibility and Selections Requirements:

To participate in the RCVTC, you must meet the following eligibility criteria:

1. **Veteran Status:** Must be a veteran of the United States Armed Forces as defined by the VTC.
2. **Stable Housing:** Must provide evidence of stable housing for at least 1 year.
3. **Sobriety:** Two years of sobriety if recovering from substance abuse.
4. **Voluntary Commitment:** Must voluntarily agree to act as a Mentor for at least 1 year.
5. **Submit to a Background Check:** Must be free of any criminal convictions, pending charges, or been discharged from the Armed Forces due to Courts Martial. Article 15 related discharges will be considered on a case by case basis.
6. **Interview:** Applicants are interviewed by the VTC Mentor Team and the VTC Coordinator.
7. **Complete Required Training:** Applicants must successfully complete all assigned training.

#### Program Components:

By volunteering with the RCVTC, you agree to:

1. **Comply with VTC Policies, Procedures, and Directives:** The success of the Court Program depends greatly upon your adherence to our established practices. Failure to follow VTC policy, procedures, or directives may result in termination of your participation in the VTC Mentor Program.
2. **Engage and Support:** Mentors must be attentive to a Participant's condition as well as that of their fellow Mentors.
3. **Attend Staff Meetings and Court Hearings:** Consistent interaction with fellow Mentors, the VTC Mentor Coordinator, and attendance at Court Sessions.

### **Confidentiality and Information Sharing:**

Participation in the RCVTC requires the sharing of certain personal information among Team members to coordinate care and monitor progress. This information will be kept confidential in accordance with Federal and State laws, including the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 and 38 CFR. Intentional or inadvertent disclosure of confidential information may result in termination of your participation in the VTC Mentor Program.

### **Acknowledgment and Consent:**

I, the undersigned applicant, acknowledge that I have read and understand the information provided above. I agree to volunteer in the Rowan County Veterans Treatment Court Mentor Program and comply with all program requirements.

I understand that participation in the RCVTC is a privilege and that failure to comply with program requirements may result in termination of participation in the VTC Mentor Program. I also understand that successful completion of the program requires a minimal 1 year commitment on my part.

- **Applicant's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### **Witness Information:**

- **Mentor Coordinator Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_

### **Court and Program Contact Information:**

For any questions or concerns regarding your participation in the Rowan County Veterans Treatment Court, please contact the RCVTC Mentor Coordinator.