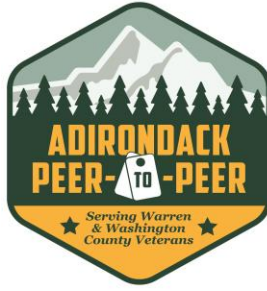


**PEER-TO-PEER  
MENTOR / PEER BOARD  
APPLICATION**



Warren County Veterans' Services  
Human Services Bldg., 2nd Floor  
1340 State Route 9  
Lake George, NY 12845

Washington County Veterans' Services  
383 Broadway # A118  
Fort Edward, NY 12828

**MENTOR INFORMATION**

**FULL NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT/UNIT #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**EMPLOYMENT**

**CURRENT EMPLOYER** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**MILITARY SERVICE**

**BRANCH** \_\_\_\_\_ **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

**MILITARY OCCUPATION** \_\_\_\_\_

\*ATTACH A COPY OF ANY/ALL DISCHARGE PAPERS

**PERSONAL**

**ACTIVITIES & INTERESTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIMITATIONS** \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**PHOTO RELEASE**

I hereby grant permission to peer-to-peer to use photographs and/or video of me in publications, news releases, online, and in other communications related to the mission of the program. Initials \_\_\_\_\_

**DISCLAIMER & SIGNATURE**

The veterans' peer-to-peer program is committed to keeping all aspects of client relationships with the program confidential to the fullest extent possible. This program considers a client anyone who seeks its help in any form whether or not formally registered in its records. Information about a client may be released only with the written consent of that client or by written order of a judge. Participants in the program are expected to conduct themselves in a professional manor. Any illegal or illicit behavior will lead to immediate termination from the program. Mentor agrees to follow the supervision and direction of the program coordinator, to whom the mentor has been assigned to. Additionally, the mentor agrees to participate in any training required by the program in order to perform the mentoring services.

The position of Mentor for the Warren and Washington County Peer-to-Peer Program is contingent on an initial background check with driving abstract. In addition, a periodic background check and/or driving abstract can be requested by the Peer Board at any time.

**I certify that the information contained herein is true to the best of my knowledge and belief.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_