VTC Mentor Criteria

1. Be a United States Military Veteran.

2. Be discharged/released with disposition other than dishonorable.

3. Not currently on probation for any crime (felony or misdemeanor). Have no felony/ misdemeanor convictions within the last 3 years.

4. Listen to podcasts Justice for Vets Podcast - All Rise and/or watch video(s) Treatment Courts - All Rise introducing you to a VTC Program.

5. Complete the application form, provide a valid DD 214, and copy of your photo ID and submit them to the VTC Mentor Coordinator.

6. Send in resume if you have one.

7. Complete Interview with VTC Coordinator.

8. Commit to the VTC Mentoring Program, a minimum of 18 months.

9. Attend 1 or 2 VTC court sessions, which currently are weekly on Wednesday afternoon.

10. Complete VTC Mentor Orientation and any additional training required by the program. There are 10 videos on the Justice for Vets website https://allrise.org/resources/podcasts-jfv/ that would help you understand what we do. Through Justice for Vets partnership with PsychArmor, they developed short modules to provide training on the critical fundamentals necessary to incorporate mentoring into a Veterans Treatment Court program. It covers the core components of effective mentoring. The link to their website is: Veteran Mentor Online Courses - All Rise. Any training certificate should be printed and sent to my attention. The first 4 modules to watch are:
    a. What is Veterans Treatment Court?
    b. Role of a Veteran Mentor
    c. Communication Skills
    d. Boundaries and Confidentiality

11. Sign the Mentor Agreement. At this point, a second interview may be required.

12. Be assigned a mentee/participant.

13. Keep a minimal log of mentee contacts and update the Mentor Coordinator via email or telephone by each Monday afternoon.

District Court
18th Judicial District
Pre-Sentence Investigation

SEDGWICK COUNTY COURTHOUSE
525 N. MAIN – 1st FLOOR
WICHITA, KANSAS
67203

Background Check for Veteran's Treatment Court Mentor

I, _____, hereby authorize the 18th Judicial District Court and the Department of Veterans Affairs to investigate my background and qualifications for the purposes of evaluating whether I am qualified for the Volunteer Mentor Position for which I am applying. I hereby consent to a criminal background check and release of any information and/or records held by any public agency, branch of the military, law enforcement office, business, employer, or other institution for the purpose of evaluating my character and fitness for this position. I understand that I may withhold my consent and that in such case, the application process is terminated, and an investigation will not take place.

Name: _____
Last First MI

AKA: _____
(including maiden name(s)

Date of Birth: _____

Social Security Number: _____

Race: ☐ White ☐ Black ☐ Hispanic ☐ Asian

Sex: ☐ Male ☐ Female

_____ _____
Print Full Name Date

_____
Signature of Applicant

Sedgwick County, Kansas Veterans Treatment Court
Volunteer Mentor Agreement

Date: _____

Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ DOB: _____ Email Address: _____

As a volunteer with the Sedgwick County Veterans Treatment Court (VTC) Program, I agree (**please initial**):

— I am a Veteran of one of the branches of the United States Armed Forces or their corresponding Reserve or Guard Branches.
— To provide my time and services without renumeration.
— To commit to a minimum of 18 months mentorship or until my mentee graduates from the Sedgwick County VTC Program.
— To uphold the mission and adhere to the policies and procedures of the Sedgwick County VTC Program.
— To maintain strict confidentiality and refrain from divulging any information obtained during my mentorship to a third party other than those related to the criminal justice system.
— To obey all laws and regulations while fulfilling my duties as a Veteran Mentor.
— To actively participate in all designated training sessions to assist in my volunteer mentor assignment.
— To immediately notify the Sedgwick County VTC Mentor Coordinator and the court coordinator if my mentee/participant becomes suicidal, wants to harm others and/or engages in unlawful activities.

I _____ will attend and fully participate in the Volunteer Veteran Mentor Training Program and fully understand and accept the terms and conditions of mentoring as set forth in the mentor policies.

Print Name: _____

Signature: _____ **Date:** _____

RETURN signed Agreement to:

Julie Torske, Sedgwick County Veterans Treatment Court Mentor Coordinator, Sedgwick County Courthouse, 525 N Main, 11th floor, Wichita, KS 67203 or via email to Julie.Torske@kscourts.org, phone 316-660-5669, fax 316-941-5361.

Sedgwick County, Kansas
Veterans Treatment Court
Volunteer Mentor Application

Date: _____

Name:

_____
(First) (M.I.) (Last)

Address:

_____
(Street) (City) (State) (Zip)

Phone #: _____ DOB: _____ Email Address: _____

Current Employer (state if you are unemployed or retired):

_____

Emergency Contact:

_____
(Name) (Relationship) (Number)

Branch of Service: _____ What Years in Active Duty: _____

Type of Discharge: _____ What Years in Reserves: _____

Last Rank _____ DD 214: _____ Yes _____ No

List any Deployments/Dates:

_____
_____
_____
_____
_____
_____

I am willing to submit to a background check: _____Yes _____ No

Did you Listen to podcasts Justice for Vets Podcast - All Rise or watch video(s)/read the material from Veteran Mentor Online Courses - All Rise introducing you to a VTC Program? If no, why not? Not watching may slow down your application. List any questions or concerns noted.

_____
_____
_____
_____
_____

Please tell us about your military experience:

Do you believe your military experience was positive, negative, or both and why:

Why you are interested in being a Veteran Mentor?:

What skills/experience do you bring to the mentoring program that will be helpful to the Veterans in this program or to the other mentors in this program?

Have you ever been involved as a defendant in a criminal matter? If so, please list all offenses with which you were charged, excluding summary traffic offenses and the outcomes of those charges. (This information will be kept confidential. It is recognized that personal experience in the justice system can help a Veteran mentor relate better to another justice involved Veteran.)

Do you have a history of engaging in addictive behaviors, including but not limited to, use of illegal drugs and/or abusing alcohol or prescription drugs? If yes, please describe and indicate the date on which you became clean or have last engaged in addictive behavior. (This information will be kept confidential. It is recognized that history may help a mentor relate better to a justice involved Veteran.)

Do you have a history of being treated for a psychiatric condition? If yes, please describe and indicate the dates of treatment and current provider. You may be required to obtain a letter of recommendation from your treatment provider. (This information will be kept confidential. It is recognized that history may help a mentor relate better to a justice involved Veteran.)

Do you have any questions or concerns about how the role of a Veteran Mentor interacts with justice involved Veterans?

Are you aware of any issues that could arise in your background and/or future that would conflict with your role as a mentor?

Will you be able to commit to the program a minimum of 18 months? _____
Please explain if no: _____

Best job you ever had: _____

Please give 2-3 challenges you feel justice involved Veterans face today. How would you assist the participant be successful with one of these challenges?

If your assigned participant were to disagree with how the court staff is addressing their issues, how would you manage the situation?

How would you guide a close acquaintance actively using an illegal substance or showing signs they may be having a mental health crisis?

Is there a time when you were unable to overcome a life or work challenge? Please describe.

Military and non-military job experience (job title and length of experience):

The Veterans Treatment Court is held on Wednesday afternoon. Will you be able to attend court sessions at the time of the participant's Phase Up & program graduation? _____
Please explain if no: _____

The VTC team is comprised of various players i.e., the Judge, The District Attorney's Designee, the Defense Counsel, the Supervision Officer, the Sheriff's Deputy, and the Veterans Justice Outreach Coordinator. Please tell us what you feel is important for the team to understand when working with a Veteran and why.

Please 3 References who are not relatives and their contact information:

Think about activities you enjoy doing. List several activities that you enjoy doing that you would be open to sharing with your mentee:

Veteran Mentor: Is a Veteran that will be assigned to the mentee (participant) that will act as a coach, guide, role model and advocate. The Mentor will meet with the mentee individually weekly and attend court hearings. Confidentiality is an ABSOLUTE ESSENTIAL requirement to the mentor-mentee relationship. The mentee must understand that their conversations with their mentor, including informal conversations as well as a mentoring session are confidential, "secured" communications. Our VTC court wants the mentor to keep a Mentor Log of all contacts with the mentee. The Mentor Log is to be emailed to the Mentor Coordinator each Monday. There is an important distinction here: it is the contact itself, **not** the content of the conversation that is being tracked by the court. For example, "Did you speak with your mentee today face-to-face?" NOT "what did you and your mentee talk about today?" The same thing applies to the court sessions. If the judge asks the mentor how the mentee is doing, the mentor's answer may be more of a general statement such as, "making progress," "doing well," or "getting the guidance they need."

Veterans Treatment Court (VTC) is a specialty court that targets people in the criminal justice system who have prior military service, and a history of PTSD, ABI, substance use and/or mental health issues, that may be attributed to his/her time spent in the service. VTC is a voluntary 5-phase program that lasts up to 18 months. During this time the mentee will develop a case plan to address his/her individualized needs. Plans will include treatment, a meeting with an Intensive Supervision Officer, weekly contact with a Veteran Mentor, court appearances, and drug/alcohol testing.

While in court, a mentor will be assigned to meet with a Veteran participant and discuss any ongoing problems or issues of interest. They work together to problem solve existing issues and bring to the attention of the court any issues that the court can assist in resolving. This relationship promotes and fosters through encouragement a "can do" attitude in the Veteran, that the Veteran can accomplish his or her goals in treatment, that the Veteran is not alone and that the mentor is there for them.

You are an essential part of the Sedgwick County Veterans Treatment Court (VTC) Program as a Sedgwick County Veterans Treatment Court Volunteer Mentor. You are part of the support team that encourages, guides, and motivates participants to enter and complete timely and appropriate treatment for physical, psychological and substance abuse conditions stemming from their military service.

By signing below, I give permission to the Sedgwick County Veterans Treatment Court Mentoring Program to investigate and contact anyone it deems appropriate to verify the accuracy of the information contained in this application and/or otherwise determine my suitability to serve as a volunteer. I voluntarily and knowingly waive all liability against all persons providing and obtaining information for the Veterans Treatment Court Mentoring Program concerning my application. By signing below, I also understand that this application does not create a contract or employment relationship, nor am I guaranteed to be selected as a Volunteer Peer/Veteran Mentor. I understand that any intentional omission or misrepresentation of fact in this application may result in refusal of, or separation from volunteer service.

Print Name: _____

Signature: _____

Date: _____

RETURN APPLICATION, BACKGROUND CHECK, COPY OF YOUR PHOTO ID, AND A COPY OF DD214

TO: Julie Torske, Sedgwick County Veterans Treatment Court Mentor Coordinator, Sedgwick County Courthouse, 525 N Main, 11th floor, Wichita, KS 67203 or via email to Julie.Torske@kscourts.gov, phone 316-660-5669, fax 316-941-5361.

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