

**NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
VETERANS MENTOR APPLICATION
PO BOX 340
TRENTON, NEW JERSEY 08625
609-530-6975**

Name: _____

Address: _____

County: _____

Email Address: _____

Phone number: _____ (Home) _____ (Cell)

Branch of Service: _____ Dates of Service: _____

Type of Discharge: _____

Do you speak a language other than English? ____ Yes ____ No ____

If yes, please list language(s): _____

Have you previously served as a mentor? ____ Yes ____ No ____

If yes, in what capacity and where? _____

Signature of Applicant _____

Date of signature _____

Note: Please return this form to the address above. This application will be reviewed by the New Jersey Department of Military and Veterans Affairs and may be referred to a mentor coordinator at the Local or County level as necessary. A copy will remain on file at this office.