Charlotte County Veterans Treatment Court Program
Volunteer Mentoring Program

Mentor Agreement

VETERANS TREATMENT COURT MENTOR NAME: _____

I, _____ attest that I am a veteran of one of the branches of the United States Armed Forces, including the Army, Marine Corps, Navy, Air Force, Coast Guard, Space Force or their corresponding Reserve and Guard branches.

In order to be a mentor in Charlotte County Veterans Treatment Court, I agree:

1. To adhere to all of the Charlotte County Veterans Treatment Court Program's policies and procedures.

2. To commit to participation for a minimum of one (1) year or until any assigned Charlotte County Veterans Treatment Court participants graduate.

3. To complete the required initial training as specified by the Court prior to participation in the Charlotte County Veterans Treatment Court.

4. To participate in any additional training as required by the Charlotte County Veterans Treatment Court.

5. To visit, either telephonically or in person, with an assigned Charlotte County Veterans Treatment Court participant for approximately one hour each week.

6. Not to engage in any drug use, alcohol use, sexual or romantic activities, or any other unlawful activities with Charlotte County Veterans Treatment Court participants.

7. To notify the Veterans Treatment Court Mentor Coordinator if a participant becomes suicidal, wants to harm others or themselves, or engages in unlawful activities.

_____ _____
SIGNATURE DATE

_____ _____
WITNESS DATE