

How to Build and Sustain a Successful Mentor Program



Hon. Taryn L. Heath
Lisa M. Williams
Stark County Honor Court

Learn

BUILD
or re-fresh
your mentor
program at
any stage

TRAIN
in-house
training and
provide
on-going
education for
mentors

SUSTAIN
quality
mentors and
financial
security

Build or Refresh

Recruit

- Free Public Relations—local media outlets/social media
- Presentations to community and advisory members

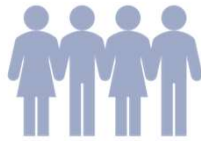
Community Buy-In and Support

- Word of Mouth—educate your advocates
- Credibility within the Veteran community

Mentor Applicants

- Applications—include background checks
- Interviewing Applicants—ask the right questions!

Community Resource Mapping



Mentor Program Community Resource Map

| | | | |
|--|---|---|--|
| Strategic Community Partners (i.e. high-standing organizations to partner for support, facilities, PR, etc.) | Recruiters/Advocates (i.e. who can recruit volunteers and promote your program) | Collaborative Opportunities (i.e. partnering with other docketers or projects to increase exposure) | \$5 Funding/in-kind Donations (i.e. grant funding, donations, resources, etc.) |
| | Trainers/Free Presenters (i.e. who can train your mentors) | | Goals (i.e. ratio of mentors to mentees or # of trainings per year + set up (join a SOI) (3 + five coordinators) |

Mentor Program Community Resource Map

| | | | |
|---|---|---|--|
| Strategic Community Partners (i.e. high-standing organizations to partner for support, facilities, PR, etc.) | Recruiters/Advocates (i.e. who can recruit volunteers and promote your program) | Collaborative Opportunities (i.e. partnering with other docketers or projects to increase exposure) | \$5 Funding/in-kind Donations (i.e. grant funding, donations, resources, etc.) |
| <ul style="list-style-type: none">County Veteran Service CommissionLocal Veteran Organizations:<ul style="list-style-type: none">S.A.M. CenterMilitary Family CenterVeteran-Specific Recovery GroupsLocal Colleges and Universities | <ul style="list-style-type: none">Current MentorsLocal Veteran Organizations:<ul style="list-style-type: none">VFWAmerican LegionDAV ChaptersVeteran-Specific Employee Resource Groups Trainers/Free Presenters (i.e. who can train your mentors) <ul style="list-style-type: none">Current Team & MentorsMH/SUD Providers (VA & Community)VA Suicide Prevention Specialist | <ul style="list-style-type: none">Regional Operational Time-Up Trainings and Enhancement TrainingsOSC VTC Roundtable SessionsJoint VTC Give-Back ProjectsEvent Promotion to Education the Community:<ul style="list-style-type: none">National Drug Court Month (May)Veterans Day | <ul style="list-style-type: none">Grants:<ul style="list-style-type: none">OWHHS, SJASamHSAVeterans Service CommissionCourt's Special Project Funds Goals (i.e. ratio of mentors to mentees or # of trainings per year + set up (join a SOI) (3 + five coordinators)) <ul style="list-style-type: none">Maintain Current # of Mentors (volunteer support, training, and recruiting efforts)Ratio 2 mentors: 1 participantIncrease # of female/younger/diverse mentors |

Train Your Mentors

Train In-House

- Utilize community support
- Team member expertise/connections
- Provide on-going education

Provide a Mentor Handbook

- Easily-accessible format- view on mobile
- Update constantly

Easy-to-Use Mentor Forms

- Intake for new participants
- Weekly continuity sheets
- Graduate support forms

Training Topics

Peer Mentoring Practices

- Confidentiality, boundaries, and building trust
- Effective listening and empathy vs. sympathy
- Self-care and healthy coping skills

Helpful Review

- Policy Changes/Chain of Command
- Specialty topics (Suicide, recovery, cultural competency)

Resources

- Resource Lists or Re-Link.org
- Mock team sessions for Mentors to view
- Positive peer mentoring role-play examples

Mock Mentoring Session

(Credit for Mock Session:
HC Mentor Coordinator,
George Waseity, Jr. and
HC Graduate/Community
Advocate, Steve Rangel)




Support Your Mentors

Provide Support

- Mentor retreats—emphasis on self-care!
- Support lunches/coffee hours

Be Open to Suggestions

- Mentor Meet-ups
- Color Guard




Recognize Your Mentors

Communication

- Check-in—address concerns, 2x/year
- Pairing mentors with participants

Awards

- Years of service awards
- Mentor of the year award



Manage Your Mentors

Talk to your Mentors

- Set Expectations from the beginning (time commitment, responsibilities, training)
- Training Topics/Trends they See
- Encourage Mentor/Community Partnerships

Track Attendance at Court + Trainings

- Allows you to suggest refresher topics + shows mentors are updated on policy changes/resources

Utilize your Team + FREE Resources

- FREE and ACCESSIBLE training
- Utilize www.psycharmor.org , <https://justiceforvets.org/mentorcorps/> and other web-based learning tools

Sustain Your Program
(not just financially)

Maintain community partners

- Facilities for retreats/luncheons/events
- Annual donations of food, items, or incentives
- Steady referral of volunteer mentors

501(c)3

- Partner with OR create your own
 - Follow OSC guidelines for court employees/judges
 - Local Bar Association/OSBA Military Affairs Committee

Marketing

- Use your current mentors
- Utilize local media—Op-Eds + Press Releases (funding, certifications, graduation and anniversary events)

Sustain Your Program
(FINANCIALLY)

Grant Funding

- ODMHAS Payroll Subsidy or BJA grants to pay Mentor Coordinator + supplies + brochures, etc.

County Veterans Service Commissions

- Mentor Coordinator Salary
 - Invite the VSC Board and Executive Leadership to a graduation or program event
- Make a presentation to include guidance from the Ohio Attorney General Opinions and highlighting your program goals, successes and needs

Local VSO's and Community Partners

- Local 501(c)3 for funding mentor events
- Local VSO meeting attendance and financial advocacy for sustaining the program

Look forward

```
graph TD; MC[Mentor Coordinator] --> SM[Senior Mentors]; SM --> AM[Assigned Mentors]; AM --> CA[Community Advocates]; AM --> MT[Mentors in Training];
```

Engage Mentors in Different Ways

Tasks

- Food Pantry and Clothing Closet donations/organization
- Community Giveback Project Supervision
- Mentor Meetups + Mentor-Participant Event Management
- Color Guard Lead
- Graduate Outreach
- Fundraising



Elevator Speech

WHAT

WHY

HOW



Recruitment Pitch Deck

NAME OF VTC


Motto/Tag Line/Mission

Logo

Mission/Tagline

Serving justice-involved veterans and active duty military navigate the criminal justice system—providing access to treatment, housing, employment, and other basic needs.

Rate to reoffend among graduates:
Our Veterans Treatment Court – 4%
National Specialty Docket Rate—25%
National Regular Probation Rate—65%



Volunteer Mentors are Needed!

An active docket of 15-50 participants in need of peer support, guidance, and friendship from fellow veterans

26 Veterans Courts in Ohio...
400+ in the United States...
The need continues to grow!

Insert a mentor picture here

The Goal

2:1 ratio (2 mentors to each participant; including female mentors to meet the need)

+

Continued mentor applicants from various veteran organizations to sustain an ample number of **trained, experienced advocates** to **empower veterans in need!**



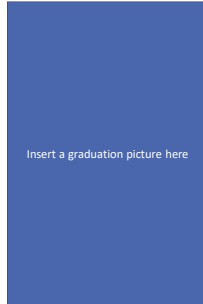
The Benefits

Provides veterans with a **feeling of “giving back”** to their brothers and sisters

Your organization can be engaged with the veteran community

Helps veterans and active duty families to get their lives back on track and be productive citizens of our community

Insert a graduation picture here



Consider Mentoring

12-month commitment

(2 court sessions per month + contact via phone/in-person between sessions)

Honorably Discharged Veteran of the U.S. Military

Be in good standing with the law (background check required)

Have a genuine concern for justice-involved veterans

Adhere to training, policy and procedures of the Mentor Program

Picture or logo here





Interested? Contact:

NAME
Mentor Coordinator
Phone Number
Email

Constant Recruitment and Community Engagement

College Students

- Offer 'limited means' hours to local law school students who mentor with the court
- Offer full-year internships for undergraduate students for mentoring services
- Attend Criminal Justice Studies Events

Veterans Service Organizations Law Enforcement Groups

- Use the pitch deck just provided and wow them!
- Ask to present at their next member meeting

Get Creative with Advertising

- Word of Mouth / Social Media by all team members, mentors, and local VSOs
- Post at Church and Community Center Bulletins
- Post at local Law Enforcement meeting areas

Questions?



Hon. Taryn L. Heath
(330) 451-7710
judgeheath@starkcountyohio.gov



Lisa M. Williams
(330) 451-7708
lmwilliams@starkcountyohio.gov

Resources

Training

www.psycharmor.org
<https://justiceforvets.org/mentorcorps/>
<https://www.youtube.com/liekebrown-empathySympathy>
<https://www.va.gov/suicide-prevention/>

Funding

<https://www.irs.gov/charities-and-nonprofits>
<https://justiceforvets.org/resources/record-funding-available-for-treatment-courts/>
<https://www.ohioadvop.org › 2017/08 › Adv.-Op.-2017-6-Final.pdf>
<https://www.ohioadvop.org › wp-content › uploads › 2017/04>

Connections

<https://www.ohioabar.org/advocacy/access-to-justice/>
<https://www.ohioattorneygeneral.gov/VOMA>
<https://www.starkcountyohio.gov/common-pleas/honor-court-mentor-program>
<https://studentveterans.org/>
<https://www.teamrwb.org/>
<https://missioncontinues.org/>
<https://www.rebuildingtogetherneo.org/>
<https://teamrubiconusa.org/>
<https://the phoenix.org/>
<http://www.supremecourt.ohio.gov/CS/specDockets/>



Veteran Intake Information

| | | | |
|--|--|---|---|
| Interviewed By: _____ | | Date Interviewed: _____ | |
| Last 4 SSN: _____ | MOS: _____ | Interested in participating in Honor Court: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name and DOB (MM/DD/YYYY) First _____ Middle _____ Last _____ MM _____ DD _____ YYYY _____ | Branch of Service: <input type="checkbox"/> Army <input type="checkbox"/> USMC <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard | Years Served <input type="checkbox"/> Active _____ <input type="checkbox"/> Reserve _____ <input type="checkbox"/> Guard _____ | Discharge Status: <input type="checkbox"/> Retired <input type="checkbox"/> Medical Retired <input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other _____ |
| Home Address (Street, City, State, Zip) _____ _____ Primary Phone: _____ Other Phone: _____ | | Benefits Utilized: DD214..... <input type="checkbox"/> Yes <input type="checkbox"/> No Service Connected..... <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % Enrolled with VA..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No OEF/OIF Office Visit..... <input type="checkbox"/> Yes <input type="checkbox"/> No Entitled for GI Bill <input type="checkbox"/> Yes <input type="checkbox"/> No Applied for VA Compensation & Pension <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Contact Name: _____ Relationship: _____ Phone _____ | | Combat Deployment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Operation Desert Shield <input type="checkbox"/> Operation Desert Storm <input type="checkbox"/> Operation Enduring Freedom <input type="checkbox"/> Operation Iraqi Freedom | |

| | |
|--|--|
| Family and Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er) <input type="checkbox"/> Children # of boys _____ # of girls _____ | |
| Employment Information Employed prior to arrest <input type="checkbox"/> Yes <input type="checkbox"/> No Employer: _____ Skills Inventory: _____ _____ _____ | |
| Transportation Issues License under suspension <input type="checkbox"/> Yes <input type="checkbox"/> No Was a pass issued: Bus: <input type="checkbox"/> Yes <input type="checkbox"/> No UBER: <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Mode: <input type="checkbox"/> Walk <input type="checkbox"/> Bus <input type="checkbox"/> Personal vehicle <input type="checkbox"/> Other _____ | |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No Jurisdiction: _____ Charge: _____ Previously attended Honor Court: <input type="checkbox"/> No <input type="checkbox"/> Graduate <input type="checkbox"/> Termination | |
| Initial Mentor: _____ | |

Veteran Intake Information

General Information:

Notes or Comments

Stark County Honor Court Program

Veteran Mentor's Application Form and Background Information

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____, OH _____
Street City Zip

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Current Occupation: _____

Brief Job Description: _____

What does being a "Veteran Mentor" mean to you?

What motivated you to want to participate in the Honor Court Program?

What skills and experiences do you have that may be helpful to the Veterans, the Honor Court program, and other mentors?

Last Name: _____ First Name: _____

What are you hoping to take away from volunteering with the Honor Court Program?

APPLICANT'S MILITARY HISTORY

Branch(s) of Service: _____ Component: _____

MOS / NEC _____ Period(s) of Service: _____

Unit (at time of discharge): _____

Deployment: ☐ Yes ☐ No; if yes, describe: _____

Rank (at discharge): _____ Type of discharge: _____

Prior contact with the VA or any related services: ☐ Yes ☐ No; if yes, describe: _____

Prior contact with community-based organizations (AA, NA, CA, ODJFS, or any other community programs):

☐ Yes ☐ No; if yes, describe: _____

APPLICANT'S BIOGRAPHICAL INFORMATION

Gender: ☐ Male ☐ Female ☐ Other Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

Date of Birth: _____ City/State of Birth: _____

MMM DD, YYYY

Places and periods of prior residence(s): _____

APPLICANT'S HISTORY

Mental Health Issues? Yes / No

If yes, have you or are you currently receiving treatment? _____

Drug and Alcohol Issues? Yes / No

If yes, how many days of sobriety do you have? _____

Last Name: _____ First Name: _____

Stark County Honor Court Program

Veteran Mentor's Application Form and Background Information

Applicant's Brief Work History:

Education and Training:

CHARACTER REFERENCES

Please list three character references (other than family members):

Name

Address

Telephone

Veteran Mentors will be required to participate in an interview with the Mentor Coordinator and if accepted into the program, will be expected to participate in observation, training, shadowing, and supervision prior to engaging in mentoring veterans. Veteran Mentors will be expected to attend additional training and group supervision meetings. The Stark County Honor Court Program is looking for at least a 12-month commitment from each applicant prior to the applicant entering the training program, but there is no required end date to this service.

*If you have any questions or concerns, please call George Waseity— Stark County Honor Court Mentor Coordinator, (330) 571.8326 or by email at waseity@neo.rr.com. **The Mentor Applicant must submit a copy of his or her DD-214 or retirement letter along with this completed application.***

RELEASE

By signing below, The Veteran Mentor Applicant hereby agrees and consents to the Stark County Veterans Service Commission obtaining records associated with the Veteran Mentor Applicants military service from appropriate agencies, which may include the Ohio Department of Military and Veterans Affairs, the Department of Veterans Affairs, or the Department of Defense, for the use in assessing the Veterans Mentor Applicant's military background and character of service based upon the military service information set forth within this two page application. The Veteran Mentor Applicant hereby agrees and consents to the Stark County Honor Court Program performing a criminal background check using the information included in this application.

Applicant's authorization:

Printed Name

Signature

SSN: _____ Date: _____

Witness:

Printed Name

Signature

Date: _____

Stark County Honor Court Program

Mentor Check-In Sheet

Date: _____

Information shared on this document is for purposes of supporting and assisting our dedicated volunteer veterans and any information shared in this document is private and will not be shared outside of the team. Should you feel more comfortable discussing a particular concern or issue with one of the Mentor Coordinators or with HC Director please feel free to reach them by phone or speak to them in person. Further, the entire team is dedicated to serving our volunteer veterans and are available to you!

Last Name: _____ First Name: _____ MI: _____

Address: _____, OH _____
Street City Zip

Email Address: _____ Primary Phone: _____

Current Occupation: _____ Secondary Phone: _____

Do you feel comfortable mentoring the **number of participants** assigned to you? _____

Do you feel you are connecting with the **specific participants** assigned to you? _____

Do you have any suggestions or concerns about the Honor Court Program that you feel should be addressed by either the Mentor Coordinator or the Honor Court Team?

Would you be interested in assisting with any of the following additional mentoring volunteer opportunities?

_____ Fundraising _____ Organizing Mentor/Mentor Meet-Ups _____ Recruiting _____ Presenting HC at Community Events

Mental Health Issues? Yes/No If yes, have you or are you currently active in treatment? _____

Drug and Alcohol Issues? Yes/No If yes, how many days of continued sobriety do you have? _____

Do you require assistance with anything at this time from the mentors or team? _____

Please provide information for two individuals we may contact should you need medical treatment/assistance during court or events:

Name

Address

Telephone

1.

2.

Please return this form to Lisa Williams, Program Director

Mentor Program Questionnaire:

Please **CIRCLE** one of the following options in regards to the MENTORING Program ONLY:

1. What level of **Emotional Support** do you feel you received from the mentoring program?

| | | | | |
|------|-----|----------|------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| None | Low | Moderate | High | Exceptional |

2. What level of **Resource Assistance** did you receive from your mentor(s)? (i.e. food, clothing, rent and utility assistance, employment, counseling, sponsor/support group connections)

| | | | | |
|------|-----|----------|------|-------------|
| 1 | 2 | 3 | 4 | 5 |
| None | Low | Moderate | High | Exceptional |

3. Do you feel that the Mentor Program provided **Military Camaraderie/Insight/Common Ground/Networking**, etc. in pairing veterans with other veterans?

| | | | | |
|------------------------|---|------------------|--------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Did not help me at all | Helpful, but it did not impact my success | Helpful at times | Very Helpful | Extremely Helpful |

4. What is your **general assessment** of the Mentor Program?

| | | | | |
|------------------------|---|------------------|--------------|-------------------|
| 1 | 2 | 3 | 4 | 5 |
| Did not help me at all | Helpful, but it did not impact my success | Helpful at times | Very Helpful | Extremely Helpful |

Additional Information:

5. Is there anything about the Mentor Program you would **change**? **Comments, suggestions, etc.**

6. **Name** of your mentor(s) _____

7. You are scheduled to meet with George (Mentor Coordinator) for your exit appointment

on _____

Please respond to all questions and return to Lisa prior to your graduation ceremony



Post-Graduation Follow-up

Today's Date: _____

Prepared by: _____

Graduate Name: _____

Mentor's Name _____

Has anything changed _____

Current Contact Information Phone: _____

Email: _____

Has the Graduate reoffended since graduating Honor Court?

☐ Yes ☐ No

Any specific needs, at this time the Team can help with?

☐ Yes ☐ No

If Yes, describe:

Suggested Program Improvements or Comments:

Mentor Notes:



Weekly Mentor Continuity Sheet

Today's Date: _____

Participant's Name: _____

Mentor's Name: _____

Has anything changed? ☐ No ☐ Yes, explain change _____

Current Contact Information: Phone _____ eMail: _____

Remaining community service hours: _____ Current Phase: _____

Give-back Identified? ☐ No ☐ Yes _____ Give-back Complete? ☐ No ☐ Yes

Suicide Ideation (C-SSRS¹) discussed ☐ No ☐ Yes, Concerns _____

Participants satisfaction with program (If less than satisfied, use back to explain.)

☐ Very Satisfied ☐ Somewhat Satisfied ☐ Somewhat Dissatisfied ☐ Dissatisfied

Any specific needs the Team can help resolve? ☐ No ☐ Yes; please explain below

¹ C-SSRS - The Columbia Suicide Severity Rating Scale also called the Columbia Protocol included on the reverse side of this form
Updated: Aug 23, 2019

Mentor's Notes: _____

Additional Information: _____

Columbia Protocol C-SSRS

| | | |
|--|----------|---------------|
| 1) Have you wished you were dead or could go to sleep and never wake up? | Y | N |
| 2) Have you actually had any thoughts of killing yourself? | Y | N |
| If YES to 2, answer questions 3,4,5, and 6 If NO to 2 go directly to question 6 | | |
| 3) Have you thought about how you might actually do this? | Y | N |
| 4) Have you had any intentions of acting on these thoughts to killing yourself, as opposed, to you have the thoughts but, you definitely would not act on them? | Y | N |
| 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out the plan? | Y | N |
| Always ask question 6 | Lifetime | Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? | Y | Y |



Any **YES** indicates the need for further care.
However, if the answer to 4, 5 or 6 is **YES**,
immediately ESCORT to Emergency Personnel for
care, call 1-800-273-8255, text 741741 or call 911.

**DON'T LEAVE THE PERSON ALONE.
STAY WITH THEM UNTIL THEY ARE IN
THE CARE OF PROFESSIONAL HELP**



HONOR COURT MENTOR TRAINING

September 14, 2020
0800 hours—1400 hours

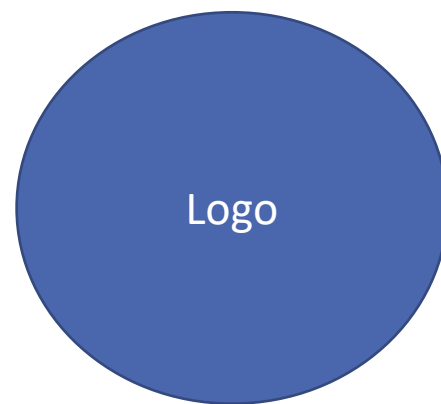
Location: Military Family Center—5495 Meese Rd NE Louisville, OH 44641



| <u>Time</u> | <u>Task/Topic</u> | <u>Presenters:</u> |
|-------------|---|--|
| 0800-0810 | Welcome/Introductions | |
| 0810-0830 | Veterans Treatment Court Model and Honor Court (History, Processes, and Chain of Command) | Hon. Taryn Heath, Honor Court Judge |
| 0830-0845 | Honor Court Program Overview (Phase Requirements, Treatment Options and Resources) | Lisa Williams, Honor Court Director |
| 0845-0900 | Q&A with Honor Court Probation Officer | Molly Dutton, HC Probation Officer Intensive Supervision Probation |
| 0900-0910 | Community Legal Aid Services (CLAS) (Helping your mentee navigate CIVIL legal issues) | Kimberly Adams, Veterans Legal Advocate Community Legal Aid <i>*Air Force Veteran</i> |
| 0910-0915 | Break | |
| 0915-0945 | Suicide Awareness/Response and Grief Support (Warning Signs, How to React, Dealing with Loss) | Becky Lindesmith, VA Suicide Prevention |
| 0945-1025 | Roles and Responsibilities of a Veteran Mentor (Qualities, Roles, Responsibilities, Boundaries, Documentation, Confidentiality, Building Trust, etc.) | Andrew Turowski, Volunteer Mentor <i>* Army Veteran</i> |
| 1025-1035 | Stark County Veterans Service Commission (VSC) (Benefits, financial assistance, transportation, etc.) | Mark Skonieczny, Veteran Service Officer Stark VSC <i>* Army Veteran</i> |
| 1035-1105 | Listening, Empathy, Communication, and Healthy Coping Skills + Self Care/Helping Each Other | Dr. Geraldine Weir, PhD, IMFT Stark County Vet Center |
| 1105-1110 | Break | |
| 1110-1125 | V.A. Services/Connections (Veterans Justice Outreach Program and Services) | Victoria Marion, MSSA, LISW-S, LICDC, CCFC Cleveland V.A. Medical Center |
| 1125-1135 | Ohio Means Jobs (OMJ) Services (Helping your mentee with employment/education) | Troy Bradfield, Disabled Veterans Outreach Ohio Means Jobs <i>* Army Veteran</i> |
| 1135-1230 | Social Lunch Outside (donated by Disabled American Veterans, Chapter 6) | |
| 1230-1240 | Break | |
| 1240-1325 | Mentor Responsibilities and Helpful Information (<u>Interactive</u> Mentoring Session, Goal Setting, Consistency, Post-Graduate Support, and Overview of Mentor Handbook) | George Waseity, Mentor Coordinator and Steve Rangel, Outreach Coordinator <i>* Army Veteran</i> |
| 1325-1345 | Q&A | |

NAME OF VTC

Motto/Tag Line/Mission



Mission/Tagline

Serving justice-involved veterans and active duty military navigate the criminal justice system—providing access to treatment, housing, employment, and other basic needs.

Rate to reoffend among graduates:
Our Veterans Treatment Court – 5%
National Specialty Docket Rate—25%
National Regular Probation Rate—65%



Volunteer Mentors are Needed!

An active docket of 15-50 participants in need of peer support, guidance, and friendship from fellow veterans

26 Veterans Courts in Ohio...

400+ in the United States...

The need continues to grow!

Insert a mentor picture here

The Goal

2:1 ratio (2 mentors to each participant;
including female mentors to meet the need)

+

Continued mentor applicants from various
veteran organizations to sustain an ample
number of **trained, experienced advocates to
empower veterans in need!**



The Benefits

Provides veterans with a **feeling of “giving back”** to their brothers and sisters

Your organization can be engaged with the veteran community

Helps veterans and active duty families to get their lives back on track and be productive citizens of our community



Insert a graduation picture here

Consider Mentoring

12-month commitment

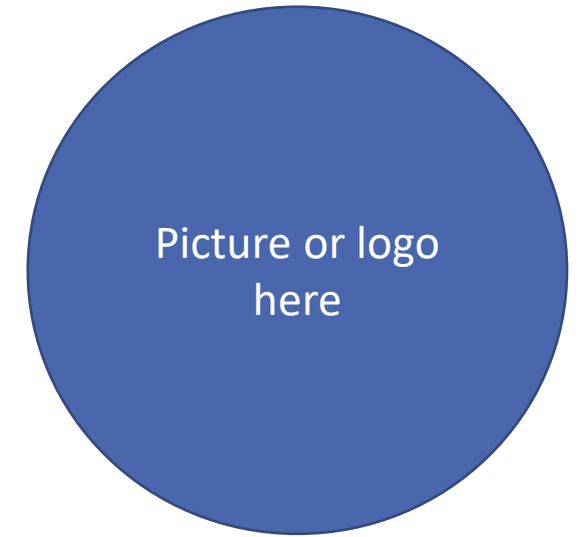
(2 court sessions per month + contact via phone/in-person between sessions)

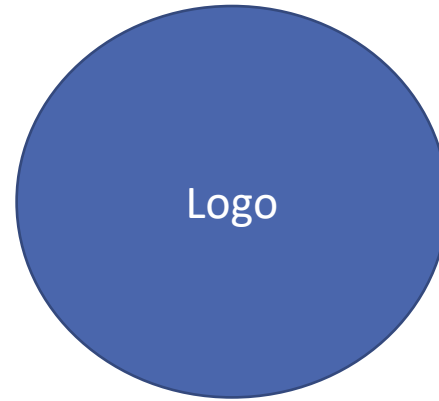
Honorably Discharged Veteran of the U.S. Military

Be in good standing with the law (background check required)

Have a genuine concern for justice-involved veterans

Adhere to training, policy and procedures of the Mentor Program





Logo

Interested? Contact:

NAME

Mentor Coordinator

Phone Number

Email