



# Veteran Treatment Court Program RNHF Volunteer Application

## Personal Information:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteer Experiences: include organization/agency, position, dates, supervisor name, phone/email

Agency/Organization	Position/Responsibilities	Dates	Supervisor Contact Info

Why do you want to volunteer with Veteran Treatment Court? \_\_\_\_\_

How would you like to help the Veteran Treatment Court? \_\_\_\_\_

What are your hobbies, interests, and skills? \_\_\_\_\_

## Language Proficiency: (in addition to English) Please check the applicable boxes below.

Language: _____	Speak	Read	Write
Basic			
Intermediate			
Fluent			



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**Full Name:** \_\_\_\_\_

## **Military Experience:**

Branch of Service (check appropriately):  Air Force  Army  Navy  Marines  Coast Guard  
 Air National Guard  Army National Guard  Reserve

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Highest rank held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Have you served in a combat zone?  Yes  No

If yes, in which combat zone(s): \_\_\_\_\_

Your military job(s): \_\_\_\_\_

Your formal training received in the Armed Forces: \_\_\_\_\_

## **Criminal History:**

Have you ever been arrested and/or convicted of a crime?  Yes  No

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Felony  Misdemeanor

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Felony  Misdemeanor

Do you currently have any pending criminal charges?  Yes  No

If yes, please describe: \_\_\_\_\_

**References:** Provide the name, phone number/e-mail address of three non-family references.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **Send this completed application to:**

Gregory R. Coker  
Sergeant Major, US Army (ret)  
VTC Mentor Program Director  
Office: (951) 878-6900  
Cell: (909) 518-4951

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