



Delaware County Veterans Court
Volunteer Veteran Mentor Application

Name: _____

Address: _____

Email: _____ Phone: _____

County of Residence: _____

Branch of the Military in which you served: _____

Years of Service: _____ Type of Discharge: _____

Did you serve in a combat zone? Yes No If yes, which conflict: _____

Date of Birth: _____ Gender: Male Female

I authorize the Office of the Adult Probation to conduct a criminal background check.

Signature

Date

This application can be faxed to 610-891-8789 or emailed to mannm@co.delaware.pa.us or mailed to:

Mary Mann
Assistant District Attorney
201 W. Front Street
Media, PA 19063