



CALIFORNIA VETERANS LEGAL TASK FORCE

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VETERANS LEGAL ASSISTANCE AND REFERRAL CLINIC
Volunteer Battle Buddy Peer Support Program Application Form

APPLICANT INFORMATION

Name: Last _____ First _____ M.I. _____ DOB: _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

E-mail Address _____

Branch of Service _____ Rank _____ Dates of Service _____

Discharge Type _____

If you received anything other than an honorable discharge, please briefly explain the circumstances _____

Conflicts served in (indicate combat or non-combat service) _____

Vietnam _____ Korea _____ Desert Storm _____

OEF/OIF/OND _____

Other _____

BACKGROUND INFORMATION

1. How long have you lived in San Diego? _____

2. Where did you grow up? _____

3. Current place of employment and position _____

Current duties at your primary job _____

4. Are you currently enrolled in school? Y / N _____ If yes, when/where _____

Major/Specialty _____

5. Do you currently hold a government security clearance? Y / N _____ If yes, what level _____

6. If no, have you ever held a government security clearance? Y / N _____ If yes, when/what level _____

7. Do anticipate any conflicts in being a Battle Buddy? Y / N _____ If yes, please explain _____

8. Have you ever had training to do legal or counseling work? Y / N _____ If yes, when/where _____

9. Do you have any personal experience with mental health that can assist you in supporting a person undergoing mental health treatment? Y / N If yes, please explain

10. Do you have any personal experience with criminal justice system that can assist you in supporting a justice involved veteran?

11. What do you see as the most difficult part of being a Battle Buddy?

12. What veterans' resources are you familiar with?

13. What hobbies do you have?

14. Do you have reliable transportation?

15. Do you agree to attend training once per month, track your hours, respond to email inquiries promptly, and make reports as needed?

16. Have you completed the online VTC Mentor Training Program at cvltf.org?

17. What does being a peer support mentor mean to you?

18. What motivates you to participate in the VLARC Battle Buddy Peer Support Program?

19. What skills and experiences do you bring to the peer support program that will be helpful to you, the other Battle Buddies, and the veteran participants?

20. What are you hoping to gain and take away from volunteering with the VLARC Battle Buddy Peer Support Program?

21. How many hours a week are you willing to spend with your Battle Buddy?

22. Are you willing to provide peer support to inmates in a jail or prison environment? Y / N

23. Are you willing to be a motivational speaker in front of a group of veterans incarcerated at a jail facility? Y / N

24. Are you willing to serve on the Peer Support Staff (recruiting, fund raising, or as a team leader)? Y/N
If yes, what are your special skills that would help build the team?

REFERENCES

Please list one professional reference and one personal reference.

Full Name _____ Relationship _____
Years known _____ Company _____
Phone _____
Address _____

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Years known _____ Company _____
Phone _____
Address _____

ACKNOWLEDGEMENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that providing false or misleading information in my application or interview may result in my non-selection as a Battle Buddy or relief for cause from the Battle Buddy Peer Support program.

Signature _____ Date _____

Staff Use Only	
Recommended for VLARC Battle Buddy Program	Yes <input type="checkbox"/> No <input type="checkbox"/>
Orientation Completed	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Battle Buddy Certification Completion:
Special Accommodations/Needs:	
VJO Interview date:	
VLARC Assignment:	Date: