
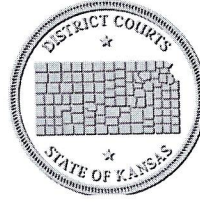


# Wyandotte County Veterans' Court Mentor Application



29TH JUDICIAL  
DISTRICT  
  
WYANDOTTE COUNTY  
DISTRICT COURT



**Date:** Click or tap to enter a date.

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

**Branch of Military Service:** Choose an item.

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Please advise days you are available to mentor:** M-T-W-TH-F

**Time Available:** Choose an item.

**Do you speak a language other than English:** Choose an item.

**If Yes, please list what languages:** \_\_\_\_\_

**Have you previously served as a mentor?** Choose an item.

**If yes, in what capacity and where?** \_\_\_\_\_

**Are you willing to submit to a background investigation?** Choose an item.

**How did you learn about the Mentor Program?** \_\_\_\_\_

**What does being a mentor mean to you?** \_\_\_\_\_

What skills and experiences do you bring to the mentoring program that will be helpful to the Veterans' in the program and the other mentors?

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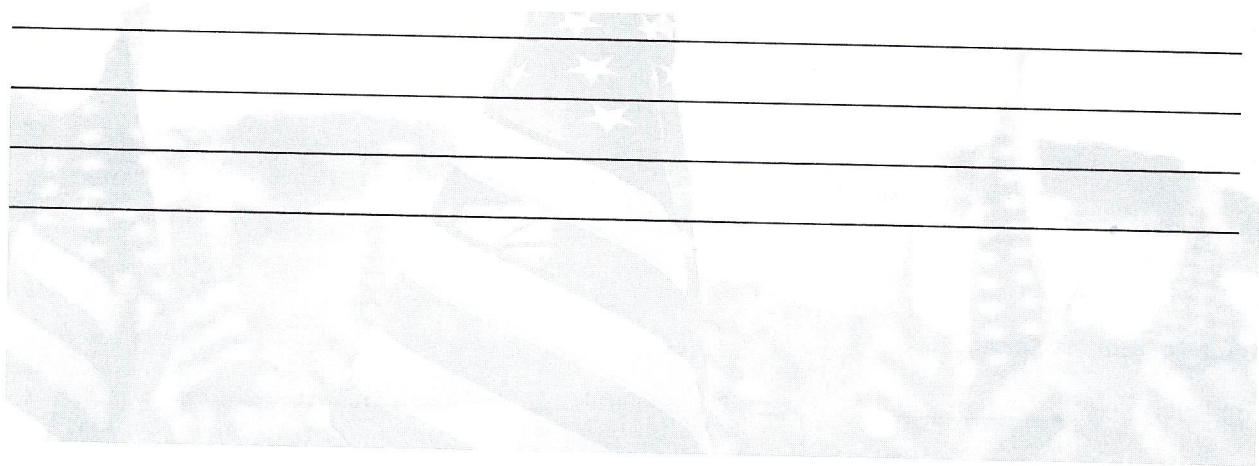
What are you hoping to take away from volunteering with the Veterans' Court mentoring program?

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March 18, 2024

**TO: Curtis Ross, CSO II  
Vicki Ford, CSO III  
Willie Williams, CSOII  
Michelle Lysaught  
District Court of Wyandotte County**

**REQUEST FOR RECORDS CHECK**

It is the intent of this memo to request a records check on the following person and for the following reason.

Last Name                      First Name                      Middle Initial

Maiden Name

Date of Birth    Social Security Number

Street Address    Apartment #

City                      State    Choose an item.                      Zip Code

Race    Choose an item.    Ethnicity    Choose an item.    Sex    Choose an item.

Drivers License Number    Issuing State    Choose an item.

Reason for Records Check    Choose an item.

Thank you in advance for your assistance.



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Jesse Johns  
Chief Court Services Officer