MILITARY VETERAN PEER NETWORK APPLICANT ASSESSMENT

NAME: DOB: BRANCH OF SERVICE:

DATES OF SERVICE: RANK/JOB TITLE:

SEX: M F		
1. ARE YOU EMPLOYED?	YES	NO
IF YES, WOULD YOU BE ABLE, IN RARE CASES, TO TAKE A CALL OR LEAVE WO	RK ON SHORT N	NOTICE TO
BRIEFLY (UP TO ONE HOUR) ASSIST A VETERAN WHO NEEDS URGENT HELP?	YES	NO
2. DO YOU HAVE COMPUTER/INTERNET ACCESS?	YES	NO
3. DO YOU HAVE EXPERIENCE WITH PEER-TO-PEER COUNSELING?	YES	NO
4. DO YOU HAVE EXPERIENCE REGISTERING WITH THE VA?	YES	NO
5. DO YOU HAVE DIRECT EXPERIENCE WITH:		
FINDING MENTAL HEALTH CARE SERVICES?	YES	NO
FINDING A JOB?	YES	NO
FINDING HOUSING?	YES	NO
BUDGETING/MANAGING FINANCES?	YES	NO
FILING DISABILITY CLAIMS?	YES	NO
USING GI BILL/ATTENDING SCHOOL?	YES	NO
LEGAL ISSUES?	YES	NO
PAIN/SLEEP MANAGEMENT?	YES	NO

6. IN WHICH COMMUNITY(IES)/COUNTY(IES) WILL YOU BE AVAILABLE TO PROVIDE SERVICES?

7. HOW MANY MONTHS EACH YEAR WILL YOU BE AVAILABLE? 34567891011112 8. DESCRIBE ANY SPECIAL SKILL(S)/ TRAINING YOU HAVE THAT WILL BE HELPFUL:

9.	WERE YOU REFERRED BY SOM	EONE?
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WHO REFERRED YO	U?
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10. How many hours each month will you be able to provide services? 5678 more than 8

By signing this application I (print), understand that, if selected and trained to do so, I am agreeing to provide volunteer peer-to-peer counseling services as indicated above.

SIGNED		DATE:	DATE:	
PHONE:	EMAIL:			

YES NO