

**SIXTH JUDICIAL DISTRICT ATTORNEY'S  
VETERANS PRE-PROSECUTION MENTORSHIP PROGRAM  
APPLICATION**

Please complete and return to Karen Canaday at [karenwhlck5@gmail.com](mailto:karenwhlck5@gmail.com) or Jacob Villegas at [jvillegas@da.state.nm.us](mailto:jvillegas@da.state.nm.us) or drop it off at the 6<sup>th</sup> Judicial District Attorney's Office located at 201 N. Cooper St., Silver City, NM 88062.

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

What specialized education or training have you had that you feel will assist you in your role as a mentor:

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What is your motivation for becoming a mentor?

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Can you commit to program participation for a minimum of six (6) months? \_\_\_\_\_

Are you able to participate in mentor training in person or do you prefer to participate online?

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What days and times are you available to participate in V-PPD related activities?

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Are there any populations that you would find it difficult to work with?

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What populations do you prefer to work with?

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In what Branch(es) of the Military have you served?

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Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Did you serve in a combat zone: \_\_\_\_\_

If so, in which conflicts did you serve?

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Do you have any previous criminal justice involvement? \_\_\_\_\_

If so, in what capacity?

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Have you ever been convicted of a violent crime? \_\_\_\_\_

If so, when were you convicted and what were the circumstances?

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What steps did you take to overcome the issues related to your criminal involvement?

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Have you ever participated in mental health treatment program? \_\_\_\_\_

If so, did you find it helpful? \_\_\_\_\_

Have you ever participated in any drug or alcohol treatment program? \_\_\_\_\_

If so, did you find it helpful? \_\_\_\_\_

Is there anything else you would like for us to know about you that may be helpful to determining your participation in the mentorship program?

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