PALMETTO PATHFINDER MENTOR APPLICATION

Thank you so much for your interest in serving as a Palmetto Pathfinder. Please complete the information below so that a member of the South Carolina Department of Veterans' Affairs can contact you regarding the Palmetto Pathfinder Program and the application process.

Please do not provide protected information such as your social security number, date of birth, driver's license numbers, medical information, financial information, or other sensitive personal information in this form.

PERSONAL INFORMATION

First Name	Last Name
Email	Phone Number
County	Branch of Service
Employment Status	Name of Employer
Do you have previous mentor experience? ◯ Yes ◯ No	Do you have previous experience being mentored? ◯ Yes ◯ No
I will submit to a background check: ◯ Yes ◯ No	
Why are you interested in serving as a Palmetto Pathfinder?	
Why would you make an effective Palmetto Pathfinder?	
I am willing to do my own personal growth work: ◯ Yes ◯ No	
What areas would you like to improve upon?	

How do you handle challenges and obstacles?
Additional Comments:

EMERGENCY CONTACT INFORMATION

Name	Phone Number
Email	Relationship