

# Arkansas National Guard Youth ChalleNGe Program



## Cadet Application

The Arkansas National Guard Youth ChalleNGe Program offers at-risk youth an opportunity to change their future in many ways while offering the opportunity to continue their education. The Youth ChalleNGe Program enrolls in January & July and has two phases:

- **5 ½ -month residential phase** – Participants live in a military-like environment, which encourages teamwork and personal growth. The curriculum combines classroom work, community service, physical training, and challenging individual and team activities into one unique experience. Personal needs such as meals, bedding, and uniforms are provided to the participants. Participants must remain on site unless participating in an authorized activity.
- **12-month post-residential phase** – After the 5 ½ -month residential phase, graduates return to their home communities. During this time they will work toward achieving their career or educational goals under the guidance of a Volunteer Mentor (of your choosing) and a Career Placement Specialist from the Youth ChalleNGe Program. The mentoring relationship is key to helping the graduate continue with the positive changes that occur during residency.

<u>Eligibility requirements</u>	<u>Instructions to Apply to YCP</u>
<ol style="list-style-type: none"><li>1) Applicant must be between the ages of 16 and 18 years old</li><li>2) Cannot be court ordered or sentenced</li><li>3) US Citizen or legal resident, Arkansas resident</li><li>4) YCP is a drug free program</li><li>5) No felony convictions</li></ol>	<ol style="list-style-type: none"><li>1) Complete cadet &amp; mentor applications</li><li>2) <b>Every applicant MUST attend an interview.</b> You may access the interview schedule on the website at <a href="http://www.aryouthchallenge.com">www.aryouthchallenge.com</a> or you may call <b>1-800-814-8453</b>. You <b><u>MUST</u> bring completed applications, birth certificate, shot records, social security card, and insurance card.</b></li><li>3) Once conditionally accepted by the Director, get a Sports Physical exam for full acceptance.</li></ol>

Check out our Facebook at: [Arkansas Youth Challenge](#) | Twitter: [@ArkansasYCP](#)

[www.aryouthchallenge.com](http://www.aryouthchallenge.com)

**"WE SUPPORT SECOND CHANCES"**

Please complete in BLUE or BLACK ink!



Arkansas National Guard Youth Challenge Program  
 Attn: Admissions, Bldg. 16414, Box 41, Camp J.T. Robinson | North Little Rock, AR

### Applicant Information

Social Security Number		Have you ever applied to Youth Challenge before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name		First Name	Middle Initial
Date of Birth	Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian			
Home Phone		County	
Mailing Address			
City		State	Zip Code
Check all that apply: <input type="checkbox"/> US Citizen or Legal Resident     <input type="checkbox"/> Has Driver's License     <input type="checkbox"/> Married     <input type="checkbox"/> Children			

### Legal Guardian Only

Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Initial
Home Phone	Work Phone	
Cell Phone	Alternate Phone	
Email Address		
Mailing Address		
City	State	Zip Code
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pickup <input type="checkbox"/> Send Mail		

### Please complete the following only if you have a second legal guardian

Relationship to applicant: <input type="checkbox"/> Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____		
Last Name	First Name	Middle Initial
Home Phone	Work Phone	
Cell Phone	Alternate Phone	
Mailing Address		
City	State	Zip Code
<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pickup <input type="checkbox"/> Send Mail		

### Alternate Emergency Contact

Name	Relationship to cadet	Phone #:
		Cell #:



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### Referral Information: How did you hear about our program?

- Another Applicant
- Billboard
- Family Member/ Friend
- Youth Challenge Staff
- Legal System/ Probation Officer
- School Staff
- Online
- TV
- Radio
- Other:

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### Education Information

Have you received your GED or High School Diploma?  YES  NO

NAME OF SCHOOL CURRENTLY ENROLLED/ LAST ATTENDED:

\_\_\_\_\_

Last grade completed: \_\_\_\_\_

#### Check All That Apply:

- Traditional High School
- Drop Out
- Expelled
- Home Schooled
- Alternative High School
- Habitual Truant
- 1 Year behind in credits
- 2 Years Behind in Basic Skills
- Adjudicated Delinquent

Month and Year Left (If no longer enrolled): Month \_\_\_\_\_ Year \_\_\_\_\_

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### Appearance Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

#### Clothing Sizes (For YCP Uniform supply usage)

Shirt:  XS  S  M  L  XL  2XL  3XL  4XL  5XL

Pants:  XS  S  M  L  XL  2XL  3XL  4XL  5XL

Shoes: \_\_\_\_\_

#### Required items for application completion checklist:

- Birth Certificate
- Social Security Card
- High School Transcript
- Mentor Application
- Insurance Card (If applicable)
- Shot Records
- Sports Physical



### Authorization to Release for Pass or Leave

I am the parent/legal guardian of \_\_\_\_\_ (Applicant).

In my absence, I authorize the following listed person(s) to sign him/her out as requested: (Must be 21 years of age and provide proper identification to sign out student.) If there is an emergency and we are unable to reach the Parent/Guardian, would you please indicate who we have permission to contact. Check all that apply.

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Relationship to Applicant: \_\_\_\_\_ Emergency Contact Pick up

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Relationship to Applicant: \_\_\_\_\_ Emergency Contact Pick up

3. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Relationship to Applicant: \_\_\_\_\_ Emergency Contact Pick up

4. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Address City State Zip

Relationship to Applicant: \_\_\_\_\_ Emergency Contact Pick up

Mentor \_\_\_\_\_ Phone # \_\_\_\_\_

In authorizing this release, I acknowledge all responsibility for the dependability of this person or person(s).

Parent/Guardian (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_



### Violation History

#### All Applicants MUST Complete This Form

- 1. Have you ever been convicted of a felony (as a juvenile or adult)? Yes No
- 2. Are you scheduled for any court dates? Yes No Pending Charges? Yes No
- 3. Are you currently on juvenile/adult probation? Yes No Until When? \_\_\_\_\_  
If yes, Probation Officer's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Application for acceptance to the Arkansas National Guard Youth Challenge Program requires disclosure of past law violations that are on your record. Please list all offenses on your record.**

**If you have no offenses, you must write "NONE" below.**

Offense	Location/County	MM/YYYY	Adjudication/ Outcome of Charge (Ex. Misd.
1.			
2.			
3.			
4.			

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Report of Medical History (within the past 12 months)

Name: \_\_\_\_\_

Last Name

First Name

Middle Name

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Statement of Student present Health and medications within the past 12 months

Male  Female      Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

List physicians name and number or N/A if none	Current Medications, or N/A if none	Dosage	Time(s) Given
1. Physician: _____ Phone #: _____  2. Dentist: _____ Phone #: _____	1.  2.  3.  4.		
<b>Check all that apply within the past 12 months</b> <input type="checkbox"/> Tuberculosis or Positive TB test <input type="checkbox"/> Blood in sputum or when coughing <input type="checkbox"/> Excessive bleeding after injury or dental work <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Wear corrective lenses <input type="checkbox"/> Eye surgery to correct vision <input type="checkbox"/> Lack vision in either eye <input type="checkbox"/> Hearing loss <input type="checkbox"/> Wear a hearing aid <input type="checkbox"/> Stutter or Stammer <input type="checkbox"/> Wear a brace or back support <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Swollen or painful joints <input type="checkbox"/> Frequent or severe headaches <input type="checkbox"/> Dizziness or fainting spells <input type="checkbox"/> Recurrent ear infections <input type="checkbox"/> Chronic or frequent colds <input type="checkbox"/> Severe tooth or gum trouble <input type="checkbox"/> Sinusitis <input type="checkbox"/> Head injury <input type="checkbox"/> Asthma	<b>Check all that apply within the past 12 months</b> <input type="checkbox"/> Arthritis, Rheumatism, or Bursitis <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Pain or pressure in chest <input type="checkbox"/> Chronic cough <input type="checkbox"/> Palpitation or pounding heart <input type="checkbox"/> Heart trouble <input type="checkbox"/> High or Low blood pressure <input type="checkbox"/> Cramps in your legs <input type="checkbox"/> Frequent indigestion <input type="checkbox"/> Stomach, Liver or intestinal trouble <input type="checkbox"/> Gall bladder trouble or gallstones <input type="checkbox"/> Jaundice or hepatitis <input type="checkbox"/> Broken bones <input type="checkbox"/> Adverse reaction to medication <input type="checkbox"/> Skin diseases <input type="checkbox"/> Tumor, growth, cyst, cancer <input type="checkbox"/> Hernia <input type="checkbox"/> Hemorrhoids or rectal disease <input type="checkbox"/> Frequent or painful urination <input type="checkbox"/> Kidney stone or blood in urine <input type="checkbox"/> Sugar or albumin in urine <input type="checkbox"/> Sexually transmitted disease <input type="checkbox"/> Recent gain or loss of weight <input type="checkbox"/> Eating disorder	<b>Check all that apply within the past 12 months</b> <input type="checkbox"/> Bone, joint, or other deformity <input type="checkbox"/> Loss of finger or toe <input type="checkbox"/> Recurrent back pain or any back injury <input type="checkbox"/> "Trick" or locked knee <input type="checkbox"/> Foot trouble <input type="checkbox"/> Nerve Injury <input type="checkbox"/> Paralysis (including infantile) <input type="checkbox"/> Epilepsy or seizure <input type="checkbox"/> Car, train, sea or air sickness <input type="checkbox"/> Frequent trouble sleeping <input type="checkbox"/> Depression or excessive worry <input type="checkbox"/> Loss of memory of amnesia <input type="checkbox"/> Nervous trouble of any sort <input type="checkbox"/> Periods of unconsciousness <input type="checkbox"/> X-ray or other radiation therapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Plate, Pin or Rod in any bone <input type="checkbox"/> Easily fatigued <input type="checkbox"/> Alcohol use <input type="checkbox"/> Used Illegal Substance <input type="checkbox"/> Used Tobacco <input type="checkbox"/> Thyroid Trouble or goiter <input type="checkbox"/> Allergies:	

**Have you received counseling for or been treated in a mental health facility for a mental health issue within the past year?**

**Yes or No**

**By a psychiatrist? Yes or No    Mental health therapist? Yes or No    Social Worker? Yes or No**

**If yes, how often and for what reason?** \_\_\_\_\_

**When did it start?** \_\_\_\_\_ **When did it end?** \_\_\_\_\_ **Name of therapist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional medical history within the past year? (Write on back if needed)**



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### REQUEST FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ (**Name of Applicant**) do hereby authorize state, county or city police authorities, juvenile courts or probation offices to release all information from any criminal history or juvenile court records, even if those records have been sealed, concerning me to the Arkansas National Guard Youth ChalleNGe Program solely to determine my suitability for acceptance in to the Youth ChalleNGe Program.

I certify that state, county or city police authorities, juvenile courts or probation offices, and their officers or employees who furnish any such information concerning me, shall not be held liable for providing this information. I do hereby agree to release from liability and save harmless any state, county or city police authorities, juvenile courts or probation offices and its officers and employees from any and all liability which may be incurred as a result of releasing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature.

I have read and understand the contents of the Request of Information.

_____	_____	_____
Street Address	Date of Birth	Social Security #
_____	_____	
City, State, Zip Code	Driver's License #	
_____	_____	
Applicant's Signature	Date	
_____	_____	
Parent/Guardian Signature (If applicant is under the age of 18)	Date	



**WORKERS COMPENSATION STATUS**

All Cadets are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law. They shall be considered federal employees for the purposes of compensation for work related injuries, or relating to the liability of legal conduct of employees of the United States. No Cadet will be considered to be in performance of duty while not at the assigned location of training or other activity authorized by the program agreement except while the Cadet is traveling or is on a pass or any other activity. All Cadets when receiving benefits for disability or death, the monthly pay that is received will be under the salary for a grade GS-2 federal employee. Further Cadets must understand the entitlement to receive compensation for disability will begin on the day following the date the persons participation terminates from the program.

**PRIVACY ACT**

“Personal Information is required and protected under the Privacy Act of 1974. Arkansas Youth Challenge operates as an entity of state government, organized under state law. Data for program operations is required and protected under Public Law 102-484, Section 1091 e (2). Disclosure is voluntary, however; persons failing to provide the information requested on this document will not be considered for participation in the program.

Information provided on this application and generated during residential and post residential performance will only be used by the program to meet federal and state requirements and will not be released to any party outside the Youth Challenge organization, our inspectors/evaluators, or based upon requirements dictated by competent legal authority.”

**UNAUTHORIZED ABSENCE**

“I understand that all Arkansas Youth Challenge participants are there as volunteers and regardless of the training location agree to follow the rules and guidelines of the program and the instructions of staff supervising their activities. I understand that every effort of the supervising staff is intended to insure cadets operate in a safe, secure and managed environment. I understand that if my child chooses to absent himself from planned activities, there is little the program can do to absolutely prevent this type behavior. I also understand that immediately upon any action my child takes to absent themselves from program activity or supervision without proper authority; I absolve Arkansas Youth Challenge of any liability due to this action. I understand Arkansas Youth Challenge will take immediate steps to locate my child once the absence is identified, and will process a missing persons report with all local authorities and notify me at this point. I also understand that any participant who is absent without proper authority for more than 24- hours may be terminated from attendance.

**ACKNOWLEDGEMENT OF APPLICATION**

I have read and understand all pages of the application. I hereby agree that all information is true and complete to the best of my knowledge. I understand that if the application is not complete, the applicant will not be accepted. I also understand that if I willfully mislead or fail to disclose all necessary information it will cause denial of the application or possible dismissal from program.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_





Parent/Guardian Certificate of Understanding and Release of Liability

I, the parent/guardian of \_\_\_\_\_ (Applicant's name) who is applying to attend the Arkansas National Guard "Youth ChalleNGe Program" located at Camp Robinson in North Little Rock, Arkansas, hereby certify that in consideration of my child/ward being allowed to participate in the Arkansas National Guard, "Youth ChalleNGe Program", that:

- 1. I permit my child/ward to be accepted into and to fully participate in all aspects of "Youth ChalleNGe".
2. Youth Challenge has been explained to me and I fully understand and support the curriculum and activities involved.
3. My child/ward and I fully understand and accept the risks inherent in his/her participation in Youth ChalleNGe and its activities, including the possibility of sports injuries, illnesses, accidents while traveling in vehicles or aircraft, or injury while participating in community projects or any other activities deemed proper by the Youth ChalleNGe Director.
4. I give my permission for the program staff to maintain discipline in Youth Challenge by imposing appropriate measures upon my child's/ward's participation.
5. Cadet Talent Release: Any project/media necessary for Youth ChalleNGe I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all videotapes and photographs taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings, photographs or musical performance for the purposes of illustration, broadcast, or distribution in any manner during or following my participation in the Youth ChalleNGe program. Youth ChalleNGe or any activities associated with my participation in Youth ChalleNGe or during and after my participation with the Youth ChalleNGe program.
6. I understand that if my child causes damage to Youth Challenge or Government Property, I may be held liable.

FURTHERMORE, in consideration of my child/ward being allowed to participate in the Arkansas National Guard, "Youth ChalleNGe Program", I hereby release and forever discharge the State of Arkansas, its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to me or my child/ward which may occur from any cause arising out of my participation in the Arkansas National Guard, "Youth ChalleNGe". I also agree to indemnify and hold harmless the State of Arkansas, its officers, agents, and employees, from any and all liability or cause of action which may arise from my child's/ward's participation in Youth ChalleNGe.

I have affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Parent/Guardian Signature)

(Applicant Signature)



Special Power Of Attorney For The Authorization Of Medical Care
& Medical Expense Statement

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

KNOWN ALL MEN/WOMEN BY THESE PRESENTS:

That I \_\_\_\_\_, Social Security Number \_\_\_\_\_

(Guardian (or Applicant if 18 years old)

(Guardian's SS# (or Applicants if 18 years old

am a legal resident of \_\_\_\_\_ County, Arkansas, hereby appoint the director of
Arkansas National Guard Youth ChalleNGe Academy or his representative, located at Camp J.T. Robinson, North Little Rock,
AR, as my true and lawful attorney-in-fact to do the following in my name and in my behalf: Anything necessary to maintain (my
health) the health of my child\*, (Applicant Name) \_\_\_\_\_ I
want my attorney-in-fact to have the power to consent to any medical and/or psychological treatment needed for
my child (myself) and to sign any papers needed to authorize those treatments. I want my attorney-in-fact to be able to do anything
I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be the
same as if I had done it myself. \*If 18 years old enter "NA"

This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated or incompetent. This Power of
Attorney shall expire, becoming null and void on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

This Power of Attorney date should extend until approximately 6 months after your anticipated program start date.

Medical Expense Statement of Understanding

The staff will make medical determinations regarding scheduling appointments, administering prescriptions, etc. Additionally, a
nurse is available to assist them in the decisions regarding the health of each cadet. Arkansas National Guard Youth ChalleNGe
DOES NOT pay for normal medical expenses incurred by your cadet. The cadet, and ultimately the parent/guardian, regardless of
insurance coverage, is responsible for all normal medical and psychological expenses, to include all co-payments, deductibles, and
all non-covered charges. The AYC will provide the physician, hospital, or pharmacy needs with the appropriate insurance
information or Medical or Medicaid coverage.

GUARDIAN SIGNATURE (or applicant if 18 years of age): \_\_\_\_\_



Arkansas National Guard Youth ChalleNGe Program  
ATTN: Admissions, Bldg. 16414, Box 41, Camp J.T. Robinson | North Little Rock, AR

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## Arkansas National Guard Youth ChalleNGe Program

### Drug, Alcohol, Pregnancy, and HIV Test Acknowledgement

In the event that the undersigned is a Guardian rather than a Parent of the Applicant, then said Guardian hereby agree to attach hereto any documentation (i.e., court order, probated will, etc.) necessary to prove guardianship of Applicant.

\*If the Applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I, \_\_\_\_\_, the parent legal guardian of  
**(Parent/Guardian)**

\_\_\_\_\_, hereby authorize my son/ daughter to be tested  
**(Applicant)**

by qualified individuals for drugs, alcohol and/or pregnancy during the Residential Phase of the Youth Challenge Program.

I also understand that during the course of the program my son/ daughter may be randomly tested STD and HIV.

I understand that a positive test result for drugs and alcohol will subject my child to immediate expulsion from the program.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_