

Arkansas National Guard Youth Challenge Program



Mentor Application

The primary goal of the mentoring component is to assess and match each cadet with an adult within the community in order to develop and sustain their relationship. This adult acts as a friend, companion, supporter, and role model to the cadet while engaging in activities of mutual interest. The mentor reinforces the new skills of the cadets and acts as a catalyst for personal growth and achievement. Mentors are asked to help guide and counsel the cadet as he or she begins the transition to employment, higher education, vocational training, military or completing the high school diploma. Mentors must be at least 21 years of age. Mentor will have the opportunity to visit their cadets approximately three times while the cadets are in the residential phase. Mentors are required to submit monthly reports, providing information on the progress of cadets on the Post-Residential Action Plans (P-RAP). Mentors and cadets are required to do one service to community project each quarter of the Post-Residential Phase.

<p>Mentor Responsibilities:</p> <ul style="list-style-type: none"> • Commit to spending at least 14 months in consistent contact with a cadet. • Return all requested forms promptly. • Attend a 3-4 hour Mentor Training class at ARNGYCP site to learn how to relate effectively to cadet. • Assist the cadet with the Post Residential Action Plan (PRAP) development and discuss his or her progress of the Plan • Make consistent contact with the cadet by phone, mail, or in person. Four contacts per month required. • At least two contacts must be face-to-face during Post-Residential Phase if within geographic proximity. 	<ul style="list-style-type: none"> • Complete a monthly mentor report on cadet's placement activities and send to Post Residential Department. • Observe all program policies and guidelines for mentors. • Discuss cadet violations of policies with the Post Residential Department. • Refer the cadet to community resources as needed and help the cadet obtain those resources. • Share occasional informal and fun activities with his or her cadet. The mentor and cadet will jointly select and schedule the activities. • The mentor promptly informs the Post Residential Department of problems or needs in the cadet's life or in their relationship.
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I have read the position description for a Mentor and agree to adhere to the requirements to the best of my ability as attested by my signature:

Signature: _____ Date ____/____/____

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

www.aryouthchallenge.com



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

Mentor Applicant Information

Name of Youth:		Social Security #: (Required to complete a criminal background check)			
(Mentor) Last Name		(Mentor) First Name		Middle Initial	
Home Phone		Cell Phone			
Mailing Address					
Home Address					
City		County	State		Zip Code
Date of Birth	Age	Gender	Male	Female	Marital Status
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					
Relationship to Youth		Email:			

Name of Employer:		Occupation:			
Work Address		Work Phone			
City:	County	State		Zip Code:	
Work Schedule:		May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I do not presently have any cases pending against me in the legal system; I am in good health and I am not now nor will I be drug or alcohol dependent during my mentorship.

SIGNATURE OF MENTOR APPLICANT

DATE



MENTOR REFERENCE FORM

(To be completed by Reference Person about person applying to be a Mentor, not cadet)

YOUTH NAME: _____

_____ has volunteered to Mentor a Youth ChalleNGe Cadet!
(Name of Mentor Applicant)

He/she is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you answering the questions on this form as fully and carefully as you can. The information received will be kept in confidence.

- How do you know the mentor volunteer? Friend Relative Work Other
- Does the mentor volunteer have the qualities to be a role model? Yes No
- Does he/she work well with others? Yes No
- Does he/she take a commitment seriously and stand by it? Yes No
- Would you want the mentor volunteer to mentor your child? Yes No

Please rate him/her so far as the following are concerned? (Rate each one 1 – 5: 1 = Poor; 5 = Excellent)

Personal Habits:	1	2	3	4	5	Receives Constructive Criticism	1	2	3	4	5
Character/Morals:	1	2	3	4	5	Health	1	2	3	4	5
Compassion:	1	2	3	4	5	Completes Commitments	1	2	3	4	5
Emotional Stability:	1	2	3	4	5	Reliable	1	2	3	4	5

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth?

Circle response: Yes No (if no, please explain or contact our office)

Explain: _____

REFERENCE NAME: (print): _____

REFERENCE SIGNATURE: _____

REFERENCE PHONE#: _____



MENTOR REFERENCE FORM

(To be completed by Reference Person about person applying to be a Mentor, not cadet)

YOUTH NAME: _____

_____ has volunteered to Mentor a Youth ChalleNGe Cadet!
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Personal Habits:	1	2	3	4	5	Receives Constructive Criticism	1	2	3	4	5
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Compassion:	1	2	3	4	5	Completes Commitments	1	2	3	4	5
Emotional Stability:	1	2	3	4	5	Reliable	1	2	3	4	5

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth?

Circle response: Yes No (if no, please explain or contact our office)

Explain: _____

REFERENCE NAME: (print): _____

REFERENCE SIGNATURE: _____

REFERENCE PHONE#: _____



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

MENTOR AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the Arkansas National Guard Youth ChalleNGe, along with the law enforcement departments, to conduct whatever background search that may be deemed appropriate.

The information and background search is necessary to assist in determining my qualifications and suitability for the Volunteer Mentor Position I am seeking with the Arkansas National Guard Youth ChalleNGe.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability for this position.

I hereby release Arkansas National Guard Youth ChalleNGe and its agents from liability and damage that may result from the exchange of requested information between law enforcement departments and the Arkansas National Guard Youth ChalleNGe.

PRIVACY ACT

Personal Information is required and protected under the Privacy Act of 1974. Arkansas National Guard 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.

SIGNATURE OF MENTOR APPLICANT

DATE



MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched cadet and that I must exercise care in supervising my cadet while we are together.

I also understand and agree that I am not an Arkansas National Guard Youth ChalleNGe Program agent, and that I am responsible for choosing and conducting all activities with my cadet and the Arkansas National Guard Youth ChalleNGe Program does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Arkansas.

I therefore agree that the Arkansas National Guard Youth ChalleNGe Program will not be liable for, and I agree to hold the Arkansas National Guard Youth ChalleNGe Program harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, the Arkansas National Guard Youth ChalleNGe Program's negligence or otherwise.

I further release the Arkansas National Guard Youth ChalleNGe Program from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of the ChalleNGe Program, its officers, agents, employees or otherwise.

Mentor Print Name

Mentor Signature

Date



Authorization for Release of Confidential Information

(Contained Within the Arkansas Child Maltreatment Central Registry)

I hereby request that the Arkansas Child Maltreatment Central Registry, Slot S 566, PO Box 1437, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Please make sure all information is legible. All forms that are illegible will be returned.

This information should be addressed to:

Name of Person Making the Request: Arkansas National Guard Youth Challenge

Address: Box 41 Camp J.T. Robinson, North Little Rock, AR 72199

(Include Post Office Box and Street Address)

Telephone Number: 501-212-5236 Fax Number: 501-212-5305

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Mentor's Name (print or type)

Social Security Number

Maiden Name/Aliases

Race Age DOB

Child's Full Name, DOB

Child's Full Name, DOB

Child's Full Name, DOB

Child's Full Name, DOB

(Please provide the last ten (10) years)

Present Address:

From: To: Address:

City State Zip

From: To: Address:

City State Zip

From: To: Address:

City State Zip

From: To: Address:

City State Zip

Mentor's Signature:

County of State of Arkansas, Acknowledges before me this day of

Year My commission expires:

Notary Public



MENTOR APPLICATION CRIMINAL RECORD CHECK

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record check(s) on myself and release any results to the Arkansas Military Department.

Providing false information on this form is a violation of Arkansas Law and is punishable as set forth in Arkansas Code 5-53-103

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with Youth ChalleNGe. I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release Youth ChalleNGe and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and Youth ChalleNGe.

Last Name: _____ First Name: _____ MI: _____

Gender: M _____ F _____ RACE _____

Social Security # _____ - _____ - _____ DOB: _____

Driver's License Number # _____ State of Issue: _____

Street Address: _____ City: _____ State: _____ Zip: _____

STATEMENT OF OATH:

I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT

Signature of Applicant _____ Date: ____/____/____

*****TO BE COMPLETED BY NOTARY*****

STATE OF ARKANSAS, COUNTY OF _____ On _____, before me,

_____, personally appeared _____

(Notary print name)

(Guardian or applicant if 18 print name)

personally known to me/or proved to me on the basis of satisfactory of satisfactory evidence - to be the person whose names is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on this instrument is the person that executed this instrument. My

Commission Expires: _____

WITNESS my hand and official seal or notary ID number _____

(Signature of Notary)