

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">1) Applicant must be between the ages of 16 and 18 years old2) Cannot be court ordered or sentenced3) US Citizen or legal resident, Arkansas resident4) YCP is a drug free program5) No felony convictions	<ol style="list-style-type: none">1) Complete cadet & mentor applications2) Every applicant MUST attend an interview. You may access the interview schedule on the website at www.aryouthchallenge.org or you may call 1-800-814-8453. You <u>MUST</u> bring completed applications, birth certificate and insurance card.3) Once conditionally accepted by the Director, get a Sports Physical exam for full acceptance.

Check out our Facebook at: **AR YC** or **Arkansas Youth Challenge**

www.aryouthchallenge.org

"WE SUPPORT SECOND CHANCES"

Please complete in **BLUE** or **BLACK** ink!



Arkansas National Guard Youth Challenge Program
 Bldg. 16414, Box 41, Camp J.T. Robinson | North Little Rock, AR
 DO NOT MAIL THIS APPLICATION

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 #:



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:

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 _____

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: _____



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 arrested or charged by Federal, State, or other law enforcement authorities? You must answer "Yes" regardless of whether the citation was dismissed or you were found not guilty. Yes No

2. Have you ever been convicted or fined by a Federal, State, or other judicial authority? Yes No

3. Have you ever been charged, indicted, or convicted of a felony (as a juvenile or adult)? Yes No

4. Are you scheduled for any court dates? Yes No Pending Charges? Yes No

5. Are you currently on juvenile/adult probation? Yes No Until When? _____
 If you answered yes, **Probation Officer:** _____ **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



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Report of Medical History (Use back of page if necessary)

Name: _____

Last Name

First Name

Middle Name

Home Address: _____

City: _____ State _____ Zip _____ County _____

Statement of Student present Health and medications currently used

Male Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

	Current Medications	Dosage	Time(s) Given
1. Physician: _____ Phone #: _____ 2. Dentist: _____ Phone #: _____	1. _____ 2. _____ 3. _____ 4. _____		
<input type="checkbox"/> Household contact with anyone with tuberculosis <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"/> Scarlet Fever <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	<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	<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 or 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"/> Asbestos <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 psychiatric counseling for or been treated in a facility for a mental health issue within the past year?

Yes or No Are you currently seeing a psychiatrist or mental health therapist? Yes or No

If yes, how often? _____

List additional information about applicant's physical and mental health history that has been documented by a doctor

1. _____ 3. _____
 2. _____ 4. _____



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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



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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: ____/____/____

***** 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)



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

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)

***** 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)



Special Power Of Attorney For The Authorization Of Medical Care
& Medical Expense Statement (To Be Notarized)

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 physician, hospital, or pharmacy needs with the appropriate insurance information
or Medical or Medicaid coverage.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____, 20 _____
GUARDIAN SIGNATURE (or applicant if 18 years of age): _____

***** 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)



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Arkansas National Guard Youth ChalleNGe Program Drug, Alcohol, Pregnancy, and HIV Test Acknowledgement

Last Name _____ First Name _____ MI _____ In
the event that the undersigned is a Parent of the Applicant, rather than a Guardian, then it is hereby agreed that a copy of the
Applicant's Birth Certificate shall suffice as proof of same.

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, _____, applicant/ parent legal guardian of
_____, hereby authorize my son/ daughter to be tested
by qualified individuals for drugs and alcohol at the end of the acclimation phase.

I also understand that my daughter will be tested for pregnancy during the course of the in-take physical and may be tested any
time deemed necessary during the course of the program.

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

I also 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: _____