

10892 N. State Road 140, Knightstown, IN 46148 1-877-860-0003/ Fax: 765-345-1012

Email: mentor@hoosieryouth.org Website: www.hoosieryouthchallenge.org



Hoosier Youth Challe*NG***e Academy Mentor Application Packet**

The mission of the National Guard Youth ChalleNGe Program is to intervene in the life of an at-risk youth and produce a program graduate with the values, skills, education and self-discipline necessary to succeed as an adult.

The Youth Challe NGe Program is a 17 ½ month program that consist of 5 ½ months Residential Phase and 12 months Post Residential Phase. During the 5 ½ month Residential Phase the Cadets work towards obtaining the Test Assessing Secondary Completion or TASC (formerly known as GED) and incorporates the 8 Core Components in a quasimilitary environment. The components are used to develop personal values, self-discipline, academic success, and healthy lifestyles, as well as, setting goals and creating a life plan. Upon graduation from the 5 ½ month Residential Phase, a 12-month Post Residential Phase begins. During this Post Residential Phase graduates return to their communities and implement their life plans while being guided, supported, and encouraged by a caring adult Mentor who serves as their role model.

Mentor Qualifications:

- 1. Be at least 21 years old and the same gender as the Cadet
- 2. Must commit to the Cadet and the program's requirements for the duration of the Cadet's participation
- 3. Same gender (Cross-gender matches are allowed on a case-by-case basis, if approved by the program director and documented in the mentoring case file)
- 4. Reasonable geographic proximity (Geographic proximity is defined as distance acceptable to both the mentor and cadet)
- 5. Not live in the same household as the applicant or be an immediate family member (mother, father, stepmother, step-father, brother, sister, step-brother, step-sister, foster parent, legal guardian), ChalleNGe staff, their spouses, or significant others
- 6. Capable of being a role model who demonstrates by example the types of life skills, work ethics and attitudes needed to be a productive member of society
- 7. Agrees to and can successfully pass reference checks and criminal background checks (NO Felonies)
- 8. Complete Mentor Training/Matching Event at the academy
- 9. Mentors will not be matched with more than one cadet unless the Program Director has given written approval and is noted in case file

Mentor Application Instructions – Please Read Carefully

- 1. The following application must be completed and returned promptly to the address listed above for screening and approval.
- 2. We recommend that you keep a copy of your entire application for your records and that you submit your application directly HYCA as it contains confidential and personal information. You are NOT required to return this application to the applicant.
- 3. Incomplete applications will not be accepted.
- 4. If you have any questions about completing the application, please contact the Lead Case Manager at (765) 345-1025.





EXPECTATIONS OF MENTORS

- Write your cadet at least once a week throughout the duration of the Residential Phase.
- Please be very encouraging to your Cadet. This is often the first and the longest time they have been away from home. This program is a ChalleNGe. They will need to be reminded they are here to improve their future, and your support to that in the Residential and Post Residential Phase is vital to their success of this program.
- Mentor Training and Mentor Match will be done on the same day. A Case Manager will contact you with the scheduled dates and times available.
- Mentor visits are not allowed until you have completed your Mentor Training/ Matching Event.
- An e-mail will be sent out introducing you to your Case Manager, the date, the time, and directions to our campus will be sent to you prior to the Mentor training/match.
- Your Case Manager will be your point of contact during the Residential and Post Residential Phase.
- Mentor Visits are **NOT MANDATORY**. Schedule of Sunday visits will be provided during training session.
- To help build the Mentor/Cadet relationship in the Residential Phase After a Mentor has been trained and matched; Mentor's will be allowed to visit on Sunday afternoons at the HYCA campus.
 - Mentors Must RSVP per phone call or email to the Case Manager by 4pm Thursday prior to the visit. If mentors fail to RSVP, you will NOT be allowed to visit with your Cadet.
- Maintain contact with your Cadet at least once a week after graduation and submit your Monthly Mentor Report (MMR) to your Case Manager once a month. This is also the time the Cadet will need your support the most, and positive mentoring is crucial to their continued and future success.

NAME OF MI	ENTOR:		
	Last	First	Middle
	M	sier Youth ChalleNGe lentor Application Cl eck off each task as it is co	hecklist
	Please print your name as sign and date where needed. Plea		here indicated. Please complete each question and ations will not be accepted.
2.	ChalleNGe Mentor Appli	cation (Pages 4). Please an	swer all the questions and please print legibly.
i			Interest (Page 5). Please complete the attached acerns please call the Mentor Coordinator at (765) 345-
] t	knowledge. List any involvemen	nt with the law enforcement or provide a personal character ref	se answer all the questions to the best of your the court system. For Personal References- Please list ference for you. Please choose two (2) of your (pages 9 & 10, 11 & 12).
] S	Please take time to carefully read sign this form acknowledging you	d through this page outlining thou have read and understand the	pectation, Training, & Liability (Page 7). The mentor's expectations. All mentor applicants must be required mentor expectations. If at this time you do need Case Manager (765) 345-1025.
	Mentor Authorization to l Social Security Number is requ		ge 8). This must be completed in full and signed. Your e required background check.
			2 non-related references. Please detach these pages and ms and return completed pages to the Lead Case
	SUPPOR	RT DOCUMENTATION	CHECK LIST
<u>F</u>	PLEASE PROVIDE COPIES O	OF THE FOLLOWING DOCU	MENTS WITH YOUR APPLICATION
i		s required to process a complet	ID must be a valid driver's license or government e background check. We must have a legible copy.
		lete applications will	
		-	ne application process have been received:
			REGION #: C.M Initials:
CADET NAME:			
1. Interview Date:	: 2. Ref. Dates (2):	/ 3. Screening Info:	4. Training Bio: 5. Match Agreement:
Data Entry Staff I	Initials:/	/ Data Integrit	y Check Staff Initials: Date:/
		Background Screening:	
Criminal History:	State	e Driving Record:/	Sex Offender:/

HOOSIER YOUTH CHALLENGE MENTOR APPLICATION

(TO BE COMPLETED BY MENTOR PROSPECTS ONLY)

ALL INFORMATION REQUESTED MUST BE PROVIDED IN ORDER TO PROCESS THIS APPLICATION.

Date:/
Name of youth I am requesting to mentor:
Relationship to the above youth:
MENTOR CONTACT INFORMATION
First Name: Last Name: Last Name:
Complete Mailing Address (Street / P.O. Box):
City: State: Zip Code: County:
Home Number: () Cell Number: ()
Personal E-Mail (Please Print Legibly):
Social Security Number Date Of Birth (MM/DD/YYYY): //
Gender: M / F Marital Status: Single Married Divorced Separated Widowed
Ethnicity: African American Asian Caucasian Hispanic American Indian Other
Driver's License #: State: Exp. Date:
Emergency Contact Name (Please Print):
Emergency Contact Number: () Emergency Relationship:
EMPLOYMENT INFORMATION
Company:
Work Email (Please Print Legibly):
Status: Full-Time Part-Time Retired Volunteer Unemployed Years Employed:
Status: Tan Time Tan Time Recirca Foldates: Chemployea Teals Employea
MISCELLANEOUS INFORMATION
Do You Have Access To A Computer With Internet Access? Yes No
List Any Interests, Hobbies, And Activities You Can Share With This Cadet:
Do You Have Your Own Transportation? Yes No
If Not, Do You Have Access To Transportation? Yes No
HEALTH INFORMATION
How Do You Rate Your Health? Excellent Good Fair Poor If Poor, Please Explain:
In The Last 5 Years, Have You Been To Treatment For Physical Abuse Or Mental Illness? Yes No
Do You Have Or Were You Treated For An Alcohol Or Substance Abuse Problem? Yes No
Please Explain Any Yes Answers:
<u> </u>

	Last	First	Middle
1. 2.	How long have you known your po	R INTERVIEW QUEST otential cadet?your plans for keeping this	
3.	What are your expectations of this	relationship?	
4.	What is your prior work experience	e with youth?	
5.	Describe your relationship with thi	is cadet's parents, guardia	ns, or family.
6.	How would you describe yourself?	?	
8.9.	amount of self-control? Do you have any plans for relocating the self-control of the self-control? If yes, when and where do you plant the self-control?	How would your peers ing in the next twelve mon in relocating? e expected to stay in containg to write letters weekly?	nths? Yes No nect with the cadet during the 5 ½ month?
_	Me	entor Statement of Int	terest
us ab	I you hear about the Hoosier Youth Chalabout yourself by finishing this Stateme r or I am qualified to become a mentor for	ent of Interest:	
of m	my knowledge all statements made by	me on this application are	Youth ChalleNGe Academy program. To to the truthful. At this time, I am drug free and consentence under auspices of any facet of the

NAME OF MENTOR:		E'	MC I II.	
	Last	First	Middle	
Have You Ever Been Involv If Yes, Please Explain Each	_	LEGAL REVIEW ested And/Or Convicted Of A on Below.	Crime? Yes No	
Date:/	Location Of Offense			
Offense/Violation:		City	County	State
What Was The Conviction Of The			Felony	
Name & Location Of Court:		,	•	
Penalty Imposed Or Other Disposit	ion/Or Sentence:			
Probation Officer Name & Phone N	Number:			
Date:/	Location Of Offense:	City		
Offense/Violation:		City	County	State
What Was The Conviction Of The	Offense? State Federal (Circ	cle One) Misdemeanor	Felony	
Name & Location Of Court:				
Penalty Imposed Or Other Disposit	ion/Or Sentence:			
Probation Officer Name & Phone N	Number:			
Ano Voy Cymnonthy A	vvoitina A Haarina Or Sant	anaina Ean Any Charga	Yes No	
•	waiting A Hearing Or Sent		165 100	
•	,	REFERENCES		
PLEASE PROVIDE THR	EE (3), NON-RELATE		tify them they will be contacted by 1	orogram staff.
Please check the box next to t	he references to whom yo	u have given the reference form	s (Pages 9-12).	
		•		
)	
(For Staff Only) INITIAL:	VERIFIED DA	ATE:		
2. Name:		Relationship:		
Cell Phone: ()		Home Phone: ()	
(For Staff Only) INITIAL:	VERIFIED DA	TE:		
3. Name:		Relationship:		
)	_
Email Address:				
		TE:		

NAME OF MENTOR:			
	Last	First	Middle



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MENTOR POSITION DESCRIPTION AND AGREEMENT

The Post Residential Phase of the Hoosier Youth Challe NGe Academy is crucial to the long-term success of Cadets. The goal of the Post Residential Phase is to ensure Cadets achieve their identified goals and remain free from criminal activity and substance abuse problems and be a productive and successful contribution to society. Mentors who are committed to helping the young person they volunteer for are indispensable during the Post Residential Phase and ultimately aid in the long-term success of the Cadet.

HOOSIER YOUTH CHALLENGE ACADEMY'S EXPECTATION OF MENTORS

- 1. Complete a Mentor Training/Cadet Matching Ceremony.
- 2. Weekly contact with Cadet during the Residential Phase through written letters.
- 3. Continue the mentoring relationship with at least 4 hours of contact through visits, email, mail, and telephone calls during the 12 month Post Residential Phase.
- 4. Communicate at least once per month and submit a monthly progress report to your Case Manager during the 12 month Post Residential Phase.

MENTOR TRAINING

All individuals volunteering to become a Mentor: **MUST COMPLETE MENTOR TRAINING/ MATCHING CEREMONY.** Mentors will receive training about program requirements, supervision and guidance of at-risk youth, available support resources, and the role of the mentor.

Parent(s)/Legal Guardian(s) are encouraged to attend a face-to-face training or request information in order to better understand the Mentor's role and responsibilities for your cadet.

I understand and agree that I will be the one actually spending time with my matched Cadet, and I must exercise care in supervising my Cadet while we are together. I will never purchase or share tobacco products, alcohol, or illegal substances with my Cadet. I also understand and agree I am not a Hoosier Youth Challe NGe Academy staff member or a spouse of a staff member, and I have not been forced to be a mentor against my own will. I understand that I am responsible for the supervision of my Cadet during all activities participated with my Cadet.

MENTOR LIABILITY RELEASE

I agree that the Hoosier Youth Challe NGe Academy will not be liable for, and will be held 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. This includes, but is not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence or the Hoosier Youth Challe NGe Academy's negligence.

I further release the Hoosier Youth ChalleNGe Academy from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury while participating in any of the activities implied by this mentoring agreement. This is true whether such damage, loss or injury is caused by the negligence of the Hoosier Youth ChalleNGe Academy, it's officers, agents, contractors, partners, and employees or otherwise.

responsibilities and the policies	set forth. I will be dedicated to providing assis	tance to the Cadet that I have
volunteered to mentor and 1 agi am selected.	ree to meet all standards set forth by the Hoosi	er Youth Challe/VGe Academy II I
Mentor's Signature	Mentor's Printed Signature	Date

I understand the nurposes and commitments of the Hoosier Youth ChalleNGe Academy's mentoring

NAME OF MENTOR:			
	Last	First	Middle



Mentor's Signature

Hoosier Youth ChalleNGe Academy

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MENTOR AUTHORIZATION TO RELEASE INFORMATION , hereby authorize the Hoosier Youth ChalleNGe Academy (HYCA), 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 HYCA. I understand that a co-investigative criminal consumer report may be obtained by an agent of the State of Indiana and I authorize all corporations, employers, co-workers, references, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, or court records. I agree to release the aforesaid from any liability for collecting that information. 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 the HYCA and its agents from liability and damage that may result from the exchange of requested information between law enforcement departments and the HYCA. PRIVACY ACT Personal Information is required and protected under the Privacy Act of 1974. Indiana HYCA 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. Information provided or received will not be released to any party outside the Youth ChalleNGe organization, with the exception of our inspectors, evaluators, or based upon requirements dictated by competent legal authority. Name of Youth I am Requesting to Mentor: ___ Mentor Mentor Full First Middle Name Suffix Mentor Last Name Any other name(s) used Race Date of Birth (MM/DD/ YYYY) Social Security # Present Address City / State / Zip/ County Telephone Number(s) Previous Cities/States of Residence During Last 7 Years Driver's License # State of Issuance

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Mentor's Printed Signature

Date

NAME OF MENTOR:			
	Last	First	Middle



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Mentor Applicant Reference Form

Reference Name (Please Print):					Da	ate:
(Mentor) Academy, which focuses on the new youth in a one-on-one relationship. would be so grateful if you would confidence.	eds of at-risk you Please help us lea	th in Indian arn whether	a. He/she is this person i	eing cons s suited fo	idered for or this type	e of volunteer work. We
How long have you known the appli	cant?					
What is your relationship to the app	licant?					
Does the applicant have a healthy he	ome environment	?	Yes 🗌	No		
Does the applicant work/interact we	ll with others?		Yes 🗌	No		
Does this applicant tend to over con-	nmit himself/herse	elf?	Yes 🗌	No		
Would this applicant potentially bec	ome overly-invol	ved?	Yes 🗌	No 🗌		
Please Rate Applicant in the following	ng: (please check one))				
	Excellent	Good	Avei	rage	Poor	Unknown
Demeanor/Personal Habits (Social interaction, etiquette)						
Character						
Morals						
Emotional Health/Stability						
Physical Health						
Compassion/Empathy						
Response to constructive criticism						
If you were in a position to make a conjugate you recommend this person without		g this applic Yes	ant's suitabili No	ty to volu	nteer with	an at-risk youth, would
Thank you for your assistance in hel at the Hoosier Youth ChalleNGe Ac or someone you know can apply to call 1-877-860-0003.	ademy. For more	information	n on the Hoos	ier Youth	Challenge	e Program and how you
Reference Signature			()_ ference Ph	one Numb	oer

NAME OF MENTOR:	Last	First	Middle
L Please list additional comm	ments here (optional)		

NAME OF MENTOR: _			
	Last	First	Middle



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Reference Name (Please Print):	Date:				
(Mentor) Academy, which focuses on the nee youth in a one-on-one relationship. would be so grateful if you would confidence.	Please help us lea	th in Indiana. arn whether t	He/she is bei his person is s	ng considered suited for this	type of volunteer work. We
How long have you known the appli	cant?				
What is your relationship to the appl	icant?				
Does the applicant have a healthy ho	me environment	? Y	es 🗌	No	
Does the applicant work/interact we	ll with others?	Y	es 🗌	No	
Does this applicant tend to over com-	mit himself/herse	elf? Y	es 🗌	No	
Would this applicant potentially bec	ome overly-invol	ved? Y	es 🗌	No	
Please Rate Applicant in the followi	ng: (please check one))			
	Excellent	Good	Averag	ge Poo	r Unknown
Demeanor/Personal Habits (Social interaction, etiquette)					
Character					
Morals					
Emotional Health/Stability					
Physical Health					
Compassion/Empathy					
Response to constructive criticism					
If you were in a position to make a dyou recommend this person without		g this applicar Yes	nt's suitability No 🗌	to volunteer	with an at-risk youth, would
Thank you for your assistance in hel at the Hoosier Youth ChalleNGe Ac or someone you know can apply to reall 1-877-860-0003.	ademy. For more	information	on the Hoosie	r Youth Chall	lenge Program and how you
Reference Signature			(Refe	rence Phone	Number

HYCA Mentor Application 1/2020

NAME OF MENTOR:	Last	First	Middle
Please list additional comments here (optional)			