



A mentor is a person or friend who guides a less experienced person by **building trust** and **modeling positive behaviors**. An effective mentor understands that his or her role is to be **dependable, engaged, authentic, and tuned into the needs of the mentee**.

GEORGIA YOUTH CHALLENGE ACADEMY PROSPECT

The Post-Residential Phase of the Georgia National Guard Youth Challenge Academy program is crucial to the long-term success of cadets (students). 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. Mentors who are committed to helping the cadet they volunteer to assist are indispensable to the Post-Residential Phase, and ultimately, the long-term success of the cadet.

Effective mentors may be found in many places: youth workers, teachers, religious leaders, coaches, business professionals, community workers, good neighbors...

To be considered into the Youth Challenge program, the candidate must identify ONE prospective mentor that meets the qualifications of the academy and agrees to academy expectations.

Prior to acceptance, the mentor must return this completed application and a copy of the mentors photo ID.

QUALIFICATIONS OF A MENTOR

- Must be able to pass a FBI Fingerprint background check (This is provided by the academy; **NO EXCEPTIONS!**)
- Must be **AT LEAST 21 years of age** (Preferred age is 25+)
- Must be the **SAME GENDER** as the candidate
- Must be able to attend **ONE** of our scheduled **IN PERSON** trainings
- Must not live inside the same home as the candidate
- Must not be the spouse, partner, or significant other of the parent or guardian
- Must not be the parent or guardian of the candidate
- Must be within reasonable geographical proximity to one another agreed upon both parties (**within Georgia**)

MENTORS RESPONSIBILITIES

- Must be willing to complete a two-part training
 - Part-One is online and Part-Two is **IN PERSON** for a briefing, paperwork, review and acceptance of policies, questions, mandatory matching ceremony, and one-on-one time spent with the cadet
- Must contact the cadet during the residential phase (5 months) and post-residential phase (12 months)
- Must be willing to communicate and report contact and placement with post-residential staff
- Must encourage, motivate, and be honest with the cadet to help them achieve their goals
- Must be familiar with technology (critical part of training, correspondence, and completion of mentor responsibilities)

MENTOR TRAINING

All individuals volunteering to be a mentor **MUST COMPLETE MENTOR TRAINING**. Individuals will receive training in program requirements, supervision and guidance of at-risk youth, available support resources, and the actual role of a mentor. Mentors will receive more information regarding training after the youth has been accepted. Mentors are required to attend one training session. For additional information contact the following:

Fort Stewart: Georgia O'Neal at (912) 876-1743 or (912) 432-1060
georgia.oneal@fsyca.org

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

This document MUST legible and be physically signed

The fingerprint-based criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks).

Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Qualified Entity** or **Authorized Agency** for applicants who provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Please provide the following information:

Qualified Entity	Youth Challenge Academy Ft. Stewart
Authorized Agency	Georgia Department of Defense
Position Applied For	Mentor

I am a current or prospective (check one): ___ Employee Volunteer ___ Contractor/Vendor ___ Owner/Operator

I have been convicted of a crime. ___ No ___ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the submitting of my fingerprints through an authorized agency to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
- I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The Qualified Entity/Authorized Agency may choose to deny me unsupervised access to persons to whom they provide care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, I authorize the dissemination of any state or national criminal history record that may pertain to me, to the requesting authorized agency. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth _____

* Address _____

*Signature _____ * Date _____

Must be physically signed

*As it appears on a valid identification document issued by a governmental agency.

NOTE: A copy of this document must be retained by the Authorized Agency for at least two years from fingerprint submission date.

GEORGIA YOUTH CHALLENGE ACADEMY

MENTOR APPLICATION

Prospective mentor: Please complete this application digitally. Not doing so, may result in a delay in your application.
Please EMAIL the completed application directly to georgia.oneal@fsyca.org

You MUST also send a clear copy of your Drivers License or Identification Card

NAME OF STUDENT I WISH TO MENTOR _____ DATE: _____

SOCIAL SECURITY NUMBER (LAST 4 DIGITS ARE REQUIRED TO PROCESS) _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INIT: _____

DATE OF BIRTH: _____ GENDER (SELECT ONE): MALE FEMALE

ETHNICITY (SELECT ONE): BLACK CAUCASIAN HISPANIC OTHER (FOR STATISTICS ONLY)

MARITAL STATUS (SELECT ONE): SINGLE MARRIED DIVORCED SEPARATED WIDOWED

SPOUSE'S NAME: _____ NUMBER OF CHILDREN: _____

EMPLOYMENT INFORMATION

OCCUPATION: _____ COMPANY: _____

STATUS (CIRCLE ONE): Full Part Volunteer Retired Unemployed HOW LONG EMPLOYED: _____

PHONE NUMBER: () _____ FAX NUMBER: () _____

PERSONAL CONTACT INFORMATION

COMPLETE MAILING ADDRESS (Street / PO Box): _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PHONE NUMBER: _____

E-MAIL: _____

MISCELLANEOUS INFORMATION

HOW WOULD YOU RATE YOUR ABILITY TO USE TECHNOLOGY? POOR FAIR GOOD EXCELLENT

PLEASE EXPLAIN HOW YOU KNOW THE STUDENT YOU WISH TO MENTOR:

LIST ANY INTERESTS, HOBBIES, AND ACTIVITIES YOU CAN SHARE WITH THE STUDENT:

DRIVING INFORMATION

DO YOU HAVE YOUR OWN TRANSPORTATION (SELECT ONE): YES NO

IF NOT, DO YOU HAVE ACCESS TO TRANSPORTATION (SELECT ONE): YES NO

DRIVER'S LICENSE #: _____ STATE: _____ EXP. DATE: _____

AUTO INSURANCE COMPANY: _____ POLICY NO: _____

Vehicle Year: _____ Make: _____ Model: _____ License Plate#: _____

WOULD YOU BE ABLE TO ATTEND A MENTOR TRAINING SESSION YES NO

LEGAL INFORMATION

HAVE YOU EVER BEEN INVOLVED IN, INVESTIGATED OR ARRESTED FOR, AND/OR CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN:

HEALTH INFORMATION

HOW DO YOU RATE YOUR HEALTH (SELECT ONE): POOR FAIR GOOD EXCELLENT
HAVE YOU UNDERGONE TREATMENT FOR ANY MENTAL ILLNESS WITHIN LAST 5 YEARS? _____
DO YOU HAVE OR WERE YOU TREATED FOR AN ALCOHOL/SUBSTANCE ABUSE PROBLEM? _____

REFERENCES – PROVIDE FOUR (4), NON-RELATED

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

ELECTRONIC SIGNATURE

STUDENT NAME: _____
(PRINT CLEARLY)

Mentor Liability Release

I understand and agree that I will be the one spending time with my matched student (cadet), and that I must exercise care in supervising my student (cadet) while we are together. I also understand and agree that I am not a ChalleNGe Program agent, and that I am responsible for choosing and conducting all activities with my student (cadet), and that ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of _____.

I therefore agree that ChalleNGe will not be liable for, and I agree to hold ChalleNGe harmless from 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, or ChalleNGe's negligence or otherwise.

I further release ChalleNGe from 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 ChalleNGe, its officers, agents, servants, employees or otherwise.

Mentor's Signature: _____

Name Printed: _____

Date: _____

ELECTRONIC SIGNATURE

STUDENT NAME: _____

(PRINT CLEARLY)

Mentor Authorization to Release Information

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

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the ChalleNGe Program.

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 the ChalleNGe Program and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Program.

FULL NAME: _____ **ETHNICITY:** _____

ANY OTHER NAME USED: _____

DATE OF BIRTH: _____ **GENDER:** _____

PLACE OF BIRTH: _____

PLACE OF CITIZENSHIP: _____

SOCIAL SECURITY NUMBER (LAST 4 NUMBERS ONLY): _____

LENGTH OF TIME LIVED IN THIS STATE: _____

STATE WHERE YOU USED TO LIVE: _____

HAIR COLOR: _____ **EYE COLOR:** _____

HEIGHT: _____ **WEIGHT:** _____

SIGNED: _____

DATED: _____

ELECTRONIC SIGNATURE

To Be completed by Law Enforcement Agency

This individual is _____ clear _____ not clear

Signature

Date

STUDENT NAME (PRINT CLEARLY): _____

THIS FORM IS ABOUT THE MENTOR

This document is a reference form for the MENTOR not the student. Please provide your recommendation based upon your experience with the MENTOR who provided this document to you. Please return this document to

georgia.oneal@fsyca.org; susan.green@fsyca.org; and veronica.russell@fsyca.org

**YOUR IMMEDIATE RESPONSE IS GREATLY APPRECIATED!
MENTOR REFERENCE RESPONSE FORM**

_____ has applied for volunteer work with the Youth
(Mentor's Name)
ChalleNGe Program, which focuses on the needs of at-risk youth.

He/She is being considered for a match with an at-risk youth in a one-to-one relationship. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

How long have you known the Mentor? _____ In what way? _____
Does the Mentor have a good home relationship? _____
Does he/she work well with others? _____
Does he/she have a tendency to over commit or get too involved? _____
How would you rate him/her in the following areas:

	Excellent	Good	Average	Poor	Unknown
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Constructive	_____	_____	_____	_____	_____
Criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: _____

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth? (explain): _____

Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

() Please call me, I would like to give some detailed information. (use back of this form)

GEORGIA YOUTH CHALLENGE ACADEMY

POSITION DESCRIPTION

Cadet's Name: _____ Platoon: _____

Position Summary- Length 17 Months:

- The mentor serves as a role model, friend, advocate, and support system during the residential phase of the Youth Challenge Academy. Additionally, mentors assist with the transition home once the residential phase of the program is completed and the post-residential begins.

Working Relationships:

- Communicates to the Post-Residential Department.
- Communicates and mentors their cadet.

Duties and Responsibilities:

- Commits to spending a minimum of **17 months** with consistent contact with their cadet.
- Returns all completed screening materials.
- Completes part one virtual mentor training.
- Attends part two in person training and matching Ceremony.
- Assists cadet with their P-RAP (Post Residential Action Plan).
- During the **residential phase** of the program starting week 14 has once a week contact with their cadet in the form of a phone call, email, letter, or face-to-face until graduation
- During the **post-Residential** phase of the program starting the day the cadet graduates has a minimum of one contact a month in the form of a phone call, email, letter, face-to-face for an entire year.
- Observes all program policies and guidelines for mentors. Discusses violations of policies by cadets with the post-residential department.
- Verifies all placement activities for their cadet to ensure positive placement occurs.
- Refers cadet to community resources as needed and helps cadet obtain those resources.
- Participates in activities such as NCO induction, scheduled in advance mentor passes, graduation
- Supports, guides, and establishes a good mentor and cadet relationship built upon structure, trust, and communication.
- Communicates **MONTHLY** to their post-residential advisor by electronic google form, phone, mail, email, or fax regarding cadet's placement, contact, changes to P-RAP, and concerns that may arise.

Mentor Signature: _____ Date: _____

Electronic Signature

Post Residential Advisor: _____ Date: _____