



Hoosier Youth ChalleNGe Academy

10892 N. State Road 140, Knightstown IN 46148

Website: www.ngycp.org/state/in

Toll Free: 1-866-873-0571, Fax: (765) 345-1024

ChalleNGe Mentor Application

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 ChalleNGe Program is a 17 ½ month program that uses 8 Core Components in a quasi-military environment during a 22-week residential phase. During this phase, candidates focus on components that develop personal values, self-discipline, academic success, and healthy lifestyles. Upon graduation from the 5 ½ month Residential Phase, a 12-month Post Residential Phase begins. During this time 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 for a Hoosier Youth ChalleNGe Academy (HYCA):

- Be **at least 23 years old** and the same gender as the Cadet
- Live in the same geographical area as the Cadet
- Agree to and be able to successfully pass reference checks and criminal background checks
- Not live in the same household as the applicant or be an immediate family member (parent/step, brother, sister)
- 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

Cadet Applicant qualifications for acceptance into the program are:

- A 16-18 year-old Indiana resident at entrance time (class start date) with a willingness to participate
- A high school dropout who has not obtained a GED/ TASC
- Drug-Free (applicants may be tested on or after class start date)
- Mentally and physically capable to participate in the program
- No pending legal charges or felony convictions

Mentor Application Instructions – Please Read Carefully

The following application must be filled out completely and returned promptly to the address listed above in order for the application to be considered for a possible Mentor-Mentee match. Please do not give your completed application to the applicant as it contains confidential and personal information. Incomplete applications will not be accepted.

If you have questions while filling out the application, please contact the Mentor Coordinator at (765) 345-1083.

We recommend that you keep a copy of your entire application for your records. We will not contact you until the Candidate completes the second week of the Pre-ChalleNGe Phase. Please verify with the Parents actual date.

NATIONAL GUARD YOUTH CHALLENGE PROGRAM

FACT SHEET FOR FUTURE MENTORS

To be a mentor to a young person participating in ChalleNGe, you should...

...be willing to agree to undergo a screening process that includes, but is not limited to, a written application, two reference checks, a criminal record check (including a sex offender registry check), and an interview.

...be prepared to participate in mentor training—online and face-to-face with program staff

...be willing to begin building a relationship with the cadet during the Residential Phase, maintaining weekly contact via email or letters. Face-to-face visits begin after you have been screened, trained and matched.

...be prepared to meet for a minimum of four contact hours per month during the Post-Residential Phase and submit monthly reports on your contact hours to the Mentor Coordinator.

...be willing to share your life experiences and support a young person in a quest to change his/her life.

The National Guard Youth ChalleNGe Program (NGYCP)...

...is a co-educational, preventative program for high school dropouts ages sixteen to eighteen years old.

...has graduated over 100,000 young adults all over the nation and its territories.

...develops young people in core component areas that include: leadership/followership, responsible citizenship, service to community, life-coping skills, physical fitness, health and hygiene, job skills, and academic excellence.

...is made up of Acclimation Phase which is a two week introductory period and the Residential Phase, in which the young person lives on program grounds for a total of 5 ½ months. The Residential Phase is followed by a 12 month Post-Residential Phase, in which students return to their communities to obtain and maintain placement in continuing education or employment.

...embraces a “quasi-military” philosophy. NGYCP resembles the military in that the program environment is based on principles such as self-discipline, teamwork, self-esteem, personal responsibility, ethics, goal setting, and community service.

...is not a boot camp. Program graduates are not in any way required or expected to enlist in the military upon graduation.

...is for young people who want to attend the program voluntarily.

Please visit the Hoosier Youth ChalleNGe Academy online at:

www.hoosier youth challenge.org

NAME OF MENTOR: _____
Last First Middle

Hoosier Youth ChalleNGe Mentor Application Checklist:

Check off each task as you complete it.

1. _____ **Mentor Position Description and Agreement (page 4).** Please take time to carefully read through this page outlining the mentor's expectations. All mentor applicants must sign this form acknowledging you have read and understand the required mentor expectations. If at this time you do not feel comfortable with this commitment please contact our Mentor Coordinator at (765) 345-1083.
2. _____ **ChalleNGe Mentor Application which includes health and legal information (pages 5-6).** Please answer all the questions requested and sign the agreement that all information is true and complete to the best of your knowledge. List any involvement with law enforcement or the court system.
3. _____ **Mentor References and Statement of Interest (page 7).** Please complete reference contact information as requested.
4. _____ **Mentor Interview Questionnaire (page 8).** Please complete the attached interview. Staff will contact you if we have any questions. If you have concerns please call the Mentor Coordinator at (765) 345-1083.
5. _____ **Mentor Liability Release (page 9).** Please review, sign and date this release.
6. _____ **Mentor Authorization to Release Information (page 10).** This must be completed in full and signed. **Your Social Security Number is required in order to complete the required background check.**
7. _____ **Reference Checks (Pages 11 and 13).** Please provide us with 2 non-related references. Please detach these pages and give them to 2 of your references. Have them fill it out and send it back to the academy.

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

1. _____ **Copy of the Mentor Applicant's valid photo identification.** This is required to process a complete background check. We must have a legible copy. **Do not fax copy or mail the original.**
2. _____ **Copy of the Front and Back of your valid Auto Insurance Card.** Mentor/Cadet visits at home may involve Mentors transporting Cadets/Mentees. Our program must ensure Mentors have automobile insurance protection in place in the event of an accident if the Mentor will be transporting the Cadet.

Incomplete applications will not be accepted!

For Official Use Only! RPM Staff Member verifies that all required documents for the application process have been received:

DATE APP MAILED: ___/___/20___ DATE APP RECEIVED: ___/___/20___ CADET ID #: _____ MENTOR ID#: _____

1. Interview Date: _____ 2. Ref. Dates (2): ___/___/___ 3. Screening info _____ 4. Training Bio _____ 5. Match Agreement _____

CANDIDATE/CADET NAME: _____

RPM Staff Initials (Data Entry): _____ Date: ___/___/20___ REGION #: _____ PRA Initials: _____

MC Data Integrity Check Staff Initials: _____ Date: ___/___/20___ DATE POSTCARD MAILED: ___/___/20___

NAME OF MENTOR: _____
Last First Middle



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MENTOR POSITION DESCRIPTION AND AGREEMENT

The Post Residential Phase of the Hoosier Youth Challenge 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. 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

- Attend a mentor training session that will be provided at regional locations around the state or at the Academy
- Begin building a relationship with the Cadet and provide encouragement during the 5 ½ month Residential Phase by writing, emailing, or speaking with your Cadet by phone on a weekly basis
- Continue the mentoring relationship with at least 4 hours of contact through visits, email, mail, and telephone during the 12 month Post Residential Phase after the Cadet graduates from the Residential Phase
- Provide guidance for social development and achievement of the Cadet's goals and objectives after graduation to ensure s/he stays on track for success
- Communicate at least once per month and submit a monthly progress report to the Mentor Coordinator

MENTOR TRAINING

All individuals volunteering to become a Mentor **MUST ATTEND MENTOR TRAINING**. Individuals will receive training about program requirements, supervision and guidance of at-risk youth, available support resources, and the role of the mentor. Training generally takes place on a Friday or Saturday and lasts approximately three hours. Parents/Guardians are encouraged to attend the training sessions so they will have an understanding of the mentoring relationship and all that it requires.

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 Challenge 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.

I agree that the Hoosier Youth Challenge 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 Challenge 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, its officers, agents, contractors, partners, and employees or otherwise.

I understand the aims and purposes of the Hoosier Youth Challenge Program's Mentoring Responsibility and the policies set forth. I will be dedicated to providing assistance to Challenge applicants that I have volunteered to mentor and I agree to meet all standards set forth by the Hoosier Youth Challenge Academy if I am selected.

MENTOR SIGNATURE

DATE

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 APPLICANT: _____

CONTACT INFORMATION

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

COMPLETE MAILING ADDRESS (Street / PO Box): _____

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

HOME NUMBER: (_____) _____ CELL NUMBER: (_____) _____

PERSONAL E-MAIL (Please print): _____

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED

ETHNICITY: AFRICAN AMERICAN ASIAN CAUCASIAN HISPANIC AMERICAN INDIAN OTHER

SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH (MM/DD/YY): ____ / ____ / ____

GENDER: M / F DRIVER'S LICENSE #: _____ STATE: _____ EXP. DATE: _____

EMERGENCY CONTACT NAME (Please print): _____

EMERGENCY CONTACT NUMBER: (____) _____ EMERGENCY RELATIONSHIP: _____

EMPLOYMENT INFORMATION

OCCUPATION: _____ COMPANY: _____

STATUS: FULL-TIME PART-TIME RETIRED VOLUNTEER UNEMPLOYED YEARS EMPLOYED: _____

WORK NUMBER: (____) _____

WORK EMAIL (Please print legibly): _____

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? Please circle one YES NO

IF NOT, DO YOU HAVE ACCESS TO TRANSPORTATION? Please circle one YES NO

HEALTH INFORMATION

HOW DO YOU RATE YOUR HEALTH? POOR FAIR GOOD EXCELLENT

IF POOR PLEASE EXPLAIN: _____

IN THE LAST 5 YEARS, HAVE YOU BEEN TO TREATMENT FOR PHYSICAL ABUSE OR MENTAL ILLNESS? YES NO

IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE OR WERE YOU TREATED FOR AN ALCOHOL OR SUBSTANCE ABUSE PROBLEM? YES NO

IF YES, PLEASE EXPLAIN: _____

NAME OF MENTOR: _____
Last First Middle

LEGAL INFORMATION

- HAVE YOU EVER BEEN INVOLVED IN, INVESTIGATED, ARRESTED AND/OR CONVICTED OF A CRIME? YES NO
- IF NO, GO ON TO THE NEXT PAGE.
- IF YES, PLEASE EXPLAIN EACH ARREST AND/OR CONVICTION BELOW.

DATE: ____/____/____ LOCATION OF OFFENSE: _____
CITY COUNTY STATE
OFFENSE/VIOLATION: _____
WHAT WAS THE CONVICTION OF THE OFFENSE? STATE FEDERAL (Circle one) MISDEMEANOR _____ FELONY _____
NAME & LOCATION OF COURT: _____
PENALTY IMPOSED OR OTHER DISPOSITION/OR SENTENCE: _____
PROBATION OFFICER NAME & PHONE NUMBER: _____

DATE: ____/____/____ LOCATION OF OFFENSE: _____
CITY COUNTY STATE
OFFENSE/VIOLATION: _____
WHAT WAS THE CONVICTION OF THE OFFENSE? STATE FEDERAL (Circle one) MISDEMEANOR _____ FELONY _____
NAME & LOCATION OF COURT: _____
PENALTY IMPOSED OR OTHER DISPOSITION/OR SENTENCE: _____
PROBATION OFFICER NAME & PHONE NUMBER: _____

DATE: ____/____/____ LOCATION OF OFFENSE: _____
CITY COUNTY STATE
OFFENSE/VIOLATION: _____
WHAT WAS THE CONVICTION OF THE OFFENSE? STATE FEDERAL (Circle one) MISDEMEANOR _____ FELONY _____
NAME & LOCATION OF COURT: _____
PENALTY IMPOSED OR OTHER DISPOSITION/OR SENTENCE: _____
PROBATION OFFICER NAME & PHONE NUMBER: _____

DATE: ____/____/____ LOCATION OF OFFENSE: _____
CITY COUNTY STATE
OFFENSE/VIOLATION: _____
WHAT WAS THE CONVICTION OF THE OFFENSE? STATE FEDERAL (Circle one) MISDEMEANOR _____ FELONY _____
NAME & LOCATION OF COURT: _____
PENALTY IMPOSED OR OTHER DISPOSITION/OR SENTENCE: _____
PROBATION OFFICER NAME & PHONE NUMBER: _____

ARE YOU CURRENTLY AWAITING A HEARING OR SENTENCING FOR ANY CHARGE? YES NO
IF YES, WHAT IS THE SCHEDULED DATE AND TIME? _____
LIST THE CITY, STATE, AND COUNTY OF THE HEARING: _____

NAME OF MENTOR: _____
Last First Middle

PLEASE PROVIDE FOUR (4), NON-RELATED REFERENCES. Please notify them they will be contacted by program staff. Please check the box next to the references to whom you have given the reference forms (Pages 11-14).

1. NAME: _____ RELATIONSHIP: _____
CELL PHONE: (_____) _____ HOME PHONE: (_____) _____
EMAIL ADDRESS: _____
(For Staff Only) INITIAL: _____ VERIFIED DATE: _____

2. NAME: _____ RELATIONSHIP: _____
CELL PHONE: (_____) _____ HOME PHONE: (_____) _____
EMAIL ADDRESS: _____
(For Staff Only) INITIAL: _____ VERIFIED DATE: _____

3. NAME: _____ RELATIONSHIP: _____
CELL PHONE: (_____) _____ HOME PHONE: (_____) _____
EMAIL ADDRESS: _____
(For Staff Only) INITIAL: _____ VERIFIED DATE: _____

4. NAME: _____ RELATIONSHIP: _____
CELL PHONE: (_____) _____ HOME PHONE: (_____) _____
EMAIL ADDRESS: _____
(For Staff Only) INITIAL: _____ VERIFIED DATE: _____

Hoosier Youth ChalleNGe Academy Mentor Statement of Interest

How did you hear about the Hoosier Youth ChalleNGe Academy Mentoring Program? _____

Tell us about yourself by finishing this **Statement of Interest**:
“I believe I am qualified to become a mentor for the **Hoosier Youth ChalleNGe Program** because...”

I understand the mentoring aims and purposes of the Hoosier Youth ChalleNGe Academy. To the best of my knowledge all statements made by me on this application are truthful. At this time I am in good health, drug free, and do not have an alcohol or substance abuse problem. I am not serving a sentence under auspices of any facet of the legal system. I also understand that HYCA is a tobacco-free Academy and cadets are not allowed to smoke.

MENTOR SIGNATURE _____ **DATE** _____

NAME OF MENTOR: _____
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MENTOR INTERVIEW QUESTIONNAIRE

1. How long have you known your potential mentee? _____
2. As the potential mentor, what are your plans for keeping this cadet on a positive path in order to ensure success?

3. What are your expectations of this relationship?

4. What is your prior work experience with youth?

5. Describe your relationship with this cadet's parents, guardians, or family.

6. How would you describe yourself?

7. How would you rate your ability to deal with stress on a scale of 1 to 10, with 10 being the greatest amount of self-control? _____ How would your peers rate you? _____
8. Do you have any plans for relocating in the next twelve months? _____
If so, for what reason? _____
9. Do you understand that you will be expected to stay in contact with the cadet during the 5 ½ month residential phase and are you willing to write emails or letters weekly? _____
10. Are there any questions, concerns, or comments that you would like to express at this time?

NAME OF MENTOR: _____
Last First Middle



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MENTOR LIABILITY RELEASE

NAME OF YOUTH I AM REQUESTING TO MENTOR: _____

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 a ChalleNGe Program agent, and that I am responsible for choosing and conducting all activities with my cadet and the 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 Indiana.

I therefore agree that the Hoosier Youth ChalleNGe Program will not be liable for, and I agree to hold harmless the State of Indiana, the officers, agents, employees, successors and assigns; the National Guard, the officers, agents, employees, successors and assigns; and the National Guard Youth ChalleNGe Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action or 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 Hoosier Youth ChalleNGe Program's negligence or otherwise.

I further release the State of Indiana, the officers, agents, employees, successors and assigns; Indiana National Guard, the officers, agents, employees, successors and assigns; Hoosier Youth ChalleNGe Academy, the officers, agents, employees, successors and assigns 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 Hoosier Youth ChalleNGe Program, its officers, agents, servants, employees or otherwise.

MENTOR PRINTED NAME

DATE

MENTOR SIGNATURE

DATE

NAME OF MENTOR: _____
Last First Middle



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MENTOR AUTHORIZATION TO RELEASE INFORMATION

I, _____, 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: _____

First Name _____ Full Middle _____

Last _____ Suffix _____

Any other name(s) used _____ Race _____

Social Security # _____ Date of Birth (MM/DD/ YYYY) _____

Present Address _____

City / State / Zip/ County _____

Telephone Number(s) _____

Previous Cities/States of Residence During Last 7 Years _____

Driver's License # _____ State of Issuance _____

MENTOR SIGNATURE

DATE

NAME OF MENTOR: _____
 Last First Middle



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Mentor Applicant Reference Form

Mentor Reference Name: _____ Date: _____

(Mentor) _____ has applied to become mentor at the Hoosier Youth Challenge Academy, which focuses on the needs of at-risk youth in Indiana. He/she is being considered for a match with an at-risk youth in a one-on-one relationship. Please help us learn whether this person is suited for this type of volunteer work. We would be so grateful if you would, please, answer the following questions. *Information received will be kept in confidence.*

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Does the applicant have a healthy home environment? _____

Does the applicant work/interact well with others? _____

Does this applicant tend to over commit himself/herself? _____

Would this applicant potentially become overly-involved? _____

Please Rate Applicant: (please check one)

	Excellent	Good	Average	Poor	Unknown
Demeanor/Personal Habits (Social interaction, etiquette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health/Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion/Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were in a position to make a decision regarding this applicant's suitability to volunteer with an at-risk youth, would you recommend this person without hesitation?

Yes No

Thank you for your assistance in helping us to determine if this applicant will be selected as a mentor for an at-risk youth at the Hoosier Youth Challenge Academy. For more information on the Hoosier Youth Challenge Program and how you or someone you know can apply to mentor an at-risk youth, please visit our website at www.hoosier youth challenge.org or call 1.866.873.0571.

Reference Signature

() _____
Reference Phone Number

<p>NAME OF MENTOR: _____</p> <p> Last First Middle</p>

Please list additional comments here (optional)

NAME OF MENTOR: _____
 Last First Middle



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Please Rate Applicant: (please check one)

	Excellent	Good	Average	Poor	Unknown
Demeanor/Personal Habits (Social interaction, etiquette)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Health/Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassion/Empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were in a position to make a decision regarding this applicant's suitability to volunteer with an at-risk youth, would you recommend this person without hesitation?

Yes No

Thank you for your assistance in helping us to determine if this applicant will be selected as a mentor for an at-risk youth at the Hoosier Youth ChalleNGe Academy. For more information on the Hoosier Youth Challenge Program and how you or someone you know can apply to mentor an at-risk youth, please visit our website at www.hoosier youth challenge.org or call 1.866.873.0571.

Reference Signature

() _____
Reference Phone Number

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