



Hoosier Youth Challenge Academy

10892 N. State Road 140, Knightstown, IN 46148

765-345-1023 / Fax: 765-345-1012

Email: mentor@hoosieryouth.org

Website: www.hoosieryouthchallenge.org



Hoosier Youth Challenge 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 Challenge Program is a 17 ½ month program that consists 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 quasi-military 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 for acceptance into the program are:

1. Be **at least 21 years old** and the same gender as the Cadet.
2. Committed to the Cadet and this program's requirements for the duration of the Cadet's participation.
3. Live in the same geographical area as the Cadet.
4. Not live in the same household as the applicant or be an immediate family member (parent/step-parent, parent's girlfriend/boyfriend, brother, or sister).
5. 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.
6. Agrees to and can successfully pass reference checks and criminal background checks.
7. Complete Mentor Training and attend a Cadet Matching Ceremony.

Cadet Applicant qualifications for acceptance into the program are:

1. Must be between the ages of 16-18 at time of entrance (Classes begin every **January & July**).
2. Not currently attending school or not on track to graduate and has not attained a TASC (formerly known as GED)
3. Willing to become **FREE** of drugs, alcohol, and tobacco.
4. Mentally and physically capable to participate in the program.
5. No Felony charges or convictions.
6. Must complete and submit a Hoosier Youth Challenge Cadet Application Packet; all support documentation and one (1) completed Mentor Application.

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 Mentor Coordinator at (765) 345-1023.



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 must be completed prior to the Mentor Match Ceremony.
- Mentor Match Ceremony will be scheduled between Week 11 and Week 13 of the Residential Phase depending on the class. Mentor Match is the first opportunity to visit your Cadet. Mentor visits are not allowed until you have completed your Mentor Training and attended a Mentor Matching Ceremony.
- The Mentor Match Ceremony is the ONLY time you may bring snacks/food/drinks to the cadet.
- An invitation to the Mentor Match Ceremony introducing you to your Case Manager, the date, the time, and directions to our campus will be sent to you prior to the event.
- Your Case Manager will be your point of contact during the Residential and Post Residential Phase.
- Mentor Visits are **NOT MANDATORY**. Please see website for schedule of Sunday visits.
- 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 Mentor Coordinator 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 MENTOR: _____
Last First Middle

Hoosier Youth ChalleNGe Academy Mentor Application Checklist

Check off each task as it is completed.

- _____ **1. Please print your name at the top of every page where indicated.** Please complete each question and sign and date where needed. Please note that incomplete applications will not be accepted.
- _____ **2. ChalleNGe Mentor Application (Pages 4).** Please answer all the questions and please print legibly.
- _____ **3. Mentor Interview Questionnaire & Statement of Interest (Page 5).** Please complete the attached interview & State of Interest. Should you have questions or concerns please call the Mentor Coordinator at (765) 345-1023.
- _____ **4. Legal Review & Personal Reference (Page 6).** Please answer all the questions to the best of your knowledge. List any involvement with the law enforcement or the court system. For Personal References- Please list three (3) non-related persons to provide a personal character reference for you. Please choose two (2) of your references to receive the **Mentor Applicant Reference Form (pages 9 & 10, 11 & 12).**
- _____ **5. Mentor Position Description and Agreement, Expectation, Training, & Liability (Page 7).** 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) 345-1023.
- _____ **6. Mentor Authorization to Release Information (Page 8).** 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 9 and 12).** Please provide us with 2 non-related references. Please detach these pages and give them to 2 of your references. Have them complete the forms and return completed pages to the Mentor Coordinator.

SUPPORT DOCUMENTATION CHECK LIST

PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

- _____ **1. Copy of the Mentor's Photo Identification Card.** ID must be a valid driver's license or government issued identification card. This is required to process a complete background check. We must have a legible copy. **Do not fax copy or mail the original.**

Incomplete applications will not be accepted!

For Official Use Only! Mentor Coordinator verifies that all required documents for the application process have been received:

DATE APP MAILED: ___/___/___ DATE APP RECEIVED: ___/___/___ REGION #: _____ M.C. Initials: _____

CADET NAME: _____

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

Data Entry Staff Initials: _____ Date: ___/___/___ Data Integrity Check Staff Initials: _____ Date: ___/___/___

Background Screening:

Criminal History: ___/___/___ State 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: _____ Middle 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: _____

Occupation: _____ Work Number: (_____) _____

Work Email (Please Print Legibly): _____

Status: Full-Time Part-Time Retired Volunteer Unemployed Years Employed: _____

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: _____

NAME OF MENTOR: _____
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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 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 and attend a 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 AND A CADET 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. Training options include online training, face-to-face training, and distance learning.

Parent(s)/Legal Guardian(s) are encouraged to attend a face-to-face training or review the online Mentor Training materials 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 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.

MENTOR LIABILITY RELEASE

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 purposes and commitments of the Hoosier Youth Challenge Academy's mentoring responsibilities and the policies set forth. I will be dedicated to providing assistance to the Cadet 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's Signature

Mentor's Printed Signature

Date

NAME OF MENTOR: _____
 Last First Middle



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Mentor Applicant Reference Form

Reference Name (Please Print): _____ 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? Yes No

Does the applicant work/interact well with others? Yes No

Does this applicant tend to over commit himself/herself? Yes No

Would this applicant potentially become overly-involved? Yes No

Please Rate Applicant in the following: (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

