

# MENTOR 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 young person they volunteer to assist, are **indispensable** to the Post-Residential Phase, and ultimately, the long-term success of the cadet.

Good mentors may be found in many places: youth workers, teachers, religious leaders, coaches, business professionals, community workers, good neighbors.... It is best if the cadet already has a relationship or knows the potential mentor.

## QUALIFICATIONS OF A MENTOR

- Be at least 21 years old and the same gender/sex as the cadet.
- Live in the same geographical area as the cadet.
- Be able to successfully pass a criminal background check.
- Not live in the same house, be a close relative, the girlfriend/boyfriend's parents, or the employer of the cadet or his/her parents or guardian.
- 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.

## ACADEMY'S EXPECTATION OF MENTORS

- Attend a four (4) hour mentor training session that will be provided (discussed below).
- Write cadet and provide encouragement during the five (5) month residential phase.
- **Contact cadet at least once a week (face-to-face at least twice a month) during the twelve (12) month Post-Residential Phase immediately following graduation.**
- Provide guidance for social development and achievement of the cadet's goals and objectives after graduation.

## MENTOR TRAINING

All individuals volunteering to be a mentor **MUST ATTEND 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. Mentor will receive more information regarding training after the youth has been accepted. Mentors are required to attend one training session. For additional information contact Fort Stewart: Susan Morgan at (912) 767-0870 or Fort Gordon: Mrs. Howard at (706) 823-9274.

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_  
STUDENT DOB: \_\_\_\_\_ Cleared: Y / N: \_\_\_\_\_

## MENTOR APPLICATION FORM

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(MUST PROVIDE IN ORDER TO PROCESS)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

\*ETHNICITY (Circle One): **American Indian/Alaskan** **Asian or Pacific Islander**

**Black not of Hispanic Origin** **Hispanic** **Multiracial** **Other** **White not of Hispanic Origin**

GENDER (Circle One): **Male** **Female** MARITAL STATUS (Circle One): **Married** **Single** **Widowed**

SPOUSE'S NAME: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

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### EMPLOYMENT INFORMATION

OCCUPATION: \_\_\_\_\_

EMPLOYMENT STATUS (Circle One): **Full-Time** **Part-Time** **Volunteer** **Retired** **Unemployed**

ORGANIZATION: \_\_\_\_\_ HOW LONG EMPLOYED? \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS:

POSITION EMPLOYER HOW LONG EMPLOYED REASON FOR LEAVING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### HOME ADDRESS INFORMATION

STREET ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

PAGER: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

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### EDUCATIONAL INFORMATION

HIGH SCHOOL/GED GRADUATE: **Yes** **No** YEAR: \_\_\_\_\_

YEARS OF COLLEGE/ UNIVERSITY: **None** **1-2** **3-4** **5-8** **9-12**

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### DRIVING & LEGAL INFORMATION

DO YOU HAVE YOUR OWN TRANSPORTATION? **Yes** **No** DO YOU HAVE CAR INSURANCE? **Yes** **No**

IF NO, DO YOU HAVE ACCESS TO TRANSPORTATION? **Yes** **No**

WOULD YOU BE ABLE TO ATTEND MENTOR TRAINING? **YES** **NO**

HAVE YOU EVER USED ILLEGAL DRUGS? **Yes** **No** IF YES, PLEASE STATE WHEN AND WHAT TYPE OF DRUGS: \_\_\_\_\_

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\*WILL BE USED FOR STATISTICAL DATA ONLY

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_

YOUTH EXPERIENCE

DO YOU HAVE PAST EXPERIENCE WITH YOUTH/ CHILDREN?    **Yes**                      **No**    IF YES, DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO BECOME A VOLUNTEER MENTOR WITH THE YOUTH CHALLENGE PROGRAM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE CADET? \_\_\_\_\_

PLEASE EXPLAIN HOW YOU CAME TO KNOW THE CADET YOU WISH TO MENTOR: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY INTERESTS, HOBBIES AND ACTIVITIES YOU ENJOY: \_\_\_\_\_

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD BE WILLING TO SHARE?    **Yes**                      **No**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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REFERENCES - PROVIDE FOUR (4), NON-RELATED (EMPLOYER, CLERGY, FRIEND)

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: (\_\_\_\_\_) \_\_\_\_\_

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I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM AND AM IN GOOD HEALTH. I AM NOT, NOR WILL I BE, DRUG OR ALCOHOL DEPENDANT DURING MY MENTORSHIP. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES TO MY APPLICATOIN INFORMATION TO THE YOUTH CHALLENGE ACADEMY.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_

## Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched corps- member, and that I must exercise care in supervising my corps member 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 corps member, 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 any and 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 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 ChalleNGe, its officers, agents, servants, employees or otherwise.

Mentor's Signature \_\_\_\_\_

Date \_\_\_\_\_

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_

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 \_\_\_\_\_

Social Security number \_\_\_\_\_

Length of time lived in this state \_\_\_\_\_

State where you used to live \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**To Be Completed by Law Enforcement Agency**

This individual is: \_\_\_\_\_ clear \_\_\_\_\_ not clear

## Mentor Reference Response

**Your immediate response is greatly appreciated!**

Dear \_\_\_\_\_,

\_\_\_\_\_ has applied for volunteer work with the Challenge  
(Mentor's Name)

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 applicant? \_\_\_\_\_ In what way? \_\_\_\_\_

Does the applicant have a good home relationship? \_\_\_\_\_

Does he/she work well with others? \_\_\_\_\_

Does he/she have a tendency to over commit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her so far as the following are concerned?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives 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 the back of this form if more room is needed.)

**Please Return Quickly to:** Youth Challenge Academy  
Attention: Post-Residential Department  
P. O. Box 7620  
Fort Gordon, GA 30905

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**Attention: Post-Residential Department**  
**P. O. Box 7620**  
**Fort Gordon, GA 30905**