

# MENTOR APPLICATION





**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
MICHIGAN YOUTH CHALLENGE ACADEMY  
5500 ARMSTRONG ROAD BUILDING 13  
BATTLE CREEK, MI 49016-1099



Dear Prospective Mentor,

I would like to invite you to take part in a program that will give the youth of today a second chance; an opportunity to regain their future and realize their goals. The program I am speaking of is the Michigan Youth ChalleNGe Academy Mentor Program. In becoming a Mentor, you provide a young person an additional resource for support and guidance. Your participation is critical to our program and to the future of these young people.

Your role during the post-residential phase would be an informal meeting once a week to build a relationship and to discuss their goals and plans. At times, you would call the Class Advisor to discuss various subjects that would apply to further the youth's education, obtain employment or resolve problems that they are having. Please read the information concerning the role as Mentor in this packet. If you are interested, please complete the application and return it to the Admissions Specialist.

Upon receipt of your application and background check, you will be contacted for an interview and scheduled for a Mentor Training Workshop. The training is conducted over a five hour period at Michigan Youth ChalleNGe Academy. This training will further prepare and educate you on the purpose and commitment of the Michigan Youth ChalleNGe Academy Program, our youth, and the role of the Mentor.

If you have any questions or know of someone who would also enjoy being a part of a wonderful and rewarding experience, you may contact the RPM office at 1-800-372-0523, 8:00 a.m.- 4:30 p.m. Monday through Friday.

I thank you for your interest and look forward to welcoming you as a Michigan Youth ChalleNGe Academy Mentor.

ROGER L. ALLEN  
BG, IN, MIARNG  
DIRECTOR, MICHIGAN YOUTH CHALLENGE ACADEMY



**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**MICHIGAN YOUTH CHALLENGE ACADEMY**  
5500 ARMSTRONG ROAD BUILDING 13  
BATTLE CREEK, MI 49016-1099

**Congratulations!** You have been nominated by one of our potential cadets from the Michigan Youth ChalleNGe Academy. It takes great initiative on the part of our cadets to take part in this program. It is the time now to find a person within the cadet's community who will be there to help them continue on pursuing their goals and keep them on track for a prosperous future. So it is not only an honor to be selected by the cadet as a person that they respect and want to help them accomplish their goals, it is also a great responsibility.

Enclosed is the application packet required to process your paperwork and get you set to become a mentor.

1. Fill out the application packet and return it to the cadet that has asked you to be their mentor, or mail it directly to the Michigan Youth ChalleNGe Academy.
2. Take the two Mentor reference response forms and give them to two individuals that you know and are not related to you. They must complete these forms on the mentor and mail them back to the academy.
3. As time is a factor, please complete these forms as soon as possible to help ensure that the cadet has all their paperwork complete to be eligible for selection into the program. If they do not have your mentor paperwork to turn in they will not be eligible for selection.
4. If you have any questions please feel free to contact our Admissions Specialist at 269-968-1203 or 1-800-372-0523.

Sincerely,

Ben Wallace  
ADMISSIONS & GRADUATE AFFAIRS SUPERVISOR  
MICHIGAN YOUTH CHALLENGE ACADEMY

Enc.

## **Michigan Youth ChalleNGe Academy Michigan's Youth ChalleNGe Academy Mentor Program Overview**

The Michigan National Guard Michigan's Youth ChalleNGe Academy is a program for 16-18 year old at-risk youth. The ChalleNGe Program is designed to offer its Cadets (students) a variety of educational and vocational opportunities as well as life skills necessary to become successful members of their communities. MYCA is a 17-month two-phased military modeled training program. The first five months, the Resident Phase, is spent in Battle Creek, MI where the days are long, mental and physical activities are rigorous and personal time is very limited. In addition to physical training and classroom instruction, each participant completes 40 hours of service to community activities. Upon successful completion of this phase, Cadets enter the 12-month Post Resident Phase. Here Cadets work toward the completion of their goals by continuing their education or entering the job market. Cadets are also assigned a Mentor from their community who will keep in contact with them during the Resident Phase and become an active part in their success during the following Post Resident Phase.

### ***Role of the Mentor***

The Mentor is to serve as a role model, friend and advocate to a Cadet. Mentoring involves a one-on-one relationship between a youth and an adult wherein consistent support and guidance are provided.

During the Resident Phase, the Mentor maintains contact (telephone and letters) with their Cadet in an effort to provide support and guidance through this somewhat difficult time. The Mentor is also informed of the Cadet's plans upon graduation so that they may be able to better guide and assist them during the Post Resident Phase. The Mentor aids Cadet in maintaining the basic value and lifestyle changes introduced in the Residential Phase of the program. The goal of the Post Residential Phase is to build on these initial successes and to encourage continued growth and change. The Mentor is essential to assist these young adults to maximize their individual potential.

The goal of the Mentor is to aid the youth in building and expanding the skills and confidence needed to become a responsible young adult. This will culminate in the youth's desire and ability to succeed in educational and employment opportunities.

### ***How to become a Michigan Youth ChalleNGe Academy Mentor***

The first step is to complete a Mentor Application. If you know a youth that is applying to MYCA, you may include your application with that of the youth's. If you do not know a youth that is applying, you may submit the application, and we will match you with a youth from your area. To become a Mentor, you must be:

- 21 years of age or older
- A resident of Michigan and citizen of the US, or legal resident
- Employed, a full time student or retired
- Reside within 50 miles of the Cadet
- Same gender as student
- Not a relative/family member of the youth
- Willing to agree to the following:
  - ◆ Sign a Mentor Contract and Agreement
  - ◆ Agree to a criminal background check
  - ◆ Attend Mentor Training

If you meet, and understand these criteria you will begin the formal application process. The application includes two personal reference sheets that must be completed before an interview is given. A staff member will review your application, do complete a police background check and interview you by phone. During the interview, a date will be selected for you to attend Mentor training. Once you complete and pass all areas of this process, you will become a MYCA Mentor.

### ***Mentor Training***

Training will be provided to give you program-specific information that is essential to assist the Cadet in pursuit of his/her goals. Training is conducted at the academy between the 8<sup>th</sup> & 10<sup>th</sup> week of the residential phase. Also, included in the training is valuable information on how youth view the world and suggestions on how to deal with often-difficult situations that may be experienced in the mentoring relationship.

### ***Mentor/Cadet Relationship***

As a MYCA Mentor, you are expected to maintain contact with your Cadet for 14 months. During the Resident Phase, communication is primarily letters and telephone calls. Mentors are encouraged to visit their Cadet on Visitation Days and attend a scheduled Mentor/Mentee Match Ceremony. During the Post Residency Phase the Mentor maintains contact with their Cadet at least four times a month (once a week, at least two must be face to face.) At the end of each month a report must be submitted to the Class Advisor indicating what happened at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must notify the Class Advisor immediately of any changes in addresses, phone numbers or significant problems with their Cadet.

### ***Mentor Acceptance Process***

If you know someone else who is also interested, have them call 1-800-372-0523 to request an application. If you have a specific student in mind, include their name on your application where indicated. If you don't have a specific student in mind, simply indicate that you are willing to be matched with any Cadet. Be sure to complete the application fully and completely. Send the completed application to the Admissions Specialist. Once the application is received all you have to do is participate in an interview, attend training---and you're a MENTOR!!

**YOU CAN MAKE A DIFFERENCE...**  
**ONE LIFE AT A TIME**

# Michigan Youth ChalleNGe Mentor Application

Name of Cadet you will mentor \_\_\_\_\_ (Please Print) Date \_\_\_\_\_

1. \_\_\_\_\_  
(Name-last, first, middle) Age \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Number Street Apt. No. City State Zip Home Phone#

3. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

4. Do you have a valid Drivers License? Yes/No License # \_\_\_\_\_

5. Marital Status \_\_\_\_\_ Spouses Name \_\_\_\_\_ # of Children \_\_\_\_\_

6. Present Employer \_\_\_\_\_ Business Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How Long Employed? \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

7. List other employment for the past 5 years (most recent first).

Position	Employer	How Long Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. List past residences within past 5 years (Address, City/State, How long lived their, most recent first)

\_\_\_\_\_

\_\_\_\_\_

9. Education: High School \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduate \_\_\_\_\_ What Year \_\_\_\_\_

College/Univ. or Tech. Training \_\_\_\_\_ Years. Attended \_\_\_\_\_ Degree \_\_\_\_\_

10. Past experience with children/youth: \_\_\_\_\_

11. Do you have your own transportation? Yes \_\_\_ No \_\_\_ Car License No. \_\_\_\_\_

If no, do you have access to transportation? Yes \_\_\_ No \_\_\_ Describe \_\_\_\_\_

12. I will promptly report to ChalleNGe Academy any changes in my insurance coverage or driver's license status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

13. Have you ever been involved in, investigated for, arrested and/or convicted of a crime? Yes \_\_\_ No \_\_\_

When? \_\_\_\_\_

Explain \_\_\_\_\_

14. List four references. (One present or past employer and three friends you have known at least 10 years). If you have ever been in therapy or treatment, please include the name of your therapist for one friend reference.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

(4) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

15. Please list interests, hobbies, and activities you enjoy. \_\_\_\_\_

16. What special skills or talents you would be willing to share? \_\_\_\_\_

17. Contact Information:

Home Phone \_\_\_\_\_ Best time & days to call \_\_\_\_\_

Work Phone \_\_\_\_\_ Best time & days to call \_\_\_\_\_

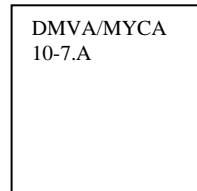
Cell Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Pager # \_\_\_\_\_ Best time to call \_\_\_\_\_

E-mail address at home \_\_\_\_\_ E-mail address at work \_\_\_\_\_

***This information is true and accurate to the best of my knowledge.***

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Mentor Liability Release

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 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 Michigan.

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 \_\_\_\_\_

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 \_\_\_\_\_

Date \_\_\_\_\_

## Michigan Youth Challenge Academy Mentor Questionnaire

1. Name of Mentor Prospect: \_\_\_\_\_
2. Name of youth (if specific) that you wish to mentor: \_\_\_\_\_
3. Why do you want to become a mentor?  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you sometimes have a tendency to over-commit yourself or get too involved?  yes  no  sometimes
5. Do you currently or have you ever served as a volunteer?  No  Yes,  
explain: \_\_\_\_\_  
\_\_\_\_\_
6. What attitudes and beliefs are of special importance to you? \_\_\_\_\_
7. How well do you feel you can relate to a young person age 16-19? \_\_\_\_\_
8. What are some things you can think of that you might have in common with a young person? \_\_\_\_\_  
\_\_\_\_\_
9. What are some steps you might take to help this youth prepare for his/her future? (I.e. college, job, military) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. A community service project is suggested for the Thanksgiving Holiday or Easter Holiday (depending on class cycle). The Cadet will receive a pass for that weekend. The project should be something your cadet sees as them contributing to society and something they will see value in completing. Will you be able to complete this project with them?  yes  no
11. Please list any health issues or concerns that could prevent you staying in contact with your Cadet for at least 14 months. \_\_\_\_\_  
\_\_\_\_\_
12. Please list any possible or anticipated events over the next 14-18 months (E.G. Job relocation, birth of a child, military deployment) that could prevent you from meeting with your Cadet.  
\_\_\_\_\_  
\_\_\_\_\_

**Mentor Reference Response**  
**Your immediate response is greatly appreciated!**  
**Please complete on the mentor prospect ONLY.**

Cadet Name: \_\_\_\_\_,

\_\_\_\_\_ has applied for volunteer work with the 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 this Mentor 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/Life Style	_____	_____	_____	_____	_____
Type of role model for youth	_____	_____	_____	_____	_____
Decision making ability	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Home environment	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: \_\_\_\_\_

Would you want this person to mentor one of your children or family members?

(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  
PLACE  
STAMP  
HERE

MICHIGAN YOUTH CHALLENGE ACADEMY  
Attn: Mentor Coordinator  
5500 Armstrong Rd, Bldg 13  
Battle Creek, MI 49016-1099

---

## Mentor Reference Response

**Your immediate response is greatly appreciated!  
Please complete on the mentor prospect ONLY.**

Cadet Name: \_\_\_\_\_,

\_\_\_\_\_ has applied for volunteer work with the 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 this Mentor 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/Life Style	_____	_____	_____	_____	_____
Type of role model for youth	_____	_____	_____	_____	_____
Decision making ability	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Home environment	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: \_\_\_\_\_

Would you want this person to mentor one of your children or family members?

(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  
PLACE  
STAMP  
HERE

MICHIGAN YOUTH CHALLENGE ACADEMY  
Attn: Mentor Coordinator  
5500 Armstrong Rd, Bldg 13  
Battle Creek, MI 49016-1099

---