



Hoosier Youth Challenge Academy



10892 N. State Road 140, Knightstown, IN 46148

1-877-860-0003/ Fax: 765-345-1012

Email: mentor@hoosieryouth.org

Web: in.gov/indiana-national-guard/adjutant-generals-office/hyca/mentors/

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) or High School Credit Recovery Program 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:

1. Be at least 21 years old and the same sex as the Cadet
2. Must commit to the Cadet and the program's requirements for the duration of the Cadet's participation
3. Opposite sex matches are allowed on a case-by-case basis, if approved by the program director and documented in the mentoring case file
4. Reasonable geographic proximity (Geographic proximity is defined as distance acceptable to both the mentor and cadet)
5. Not live in the same household as the applicant, Challenge staff, their spouses, or significant others
6. 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
7. Agrees to and can successfully pass reference checks and criminal background checks (NO Felonies)
8. Complete Mentor Training/Matching Event
9. Mentors will not be matched with more than one cadet unless the Program Director has given written approval and is noted in case file

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 Case Managers at (765) 345-1026.



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.
- A Case Manager will contact you with the scheduled dates and times available.
- Mentor visits are not allowed until you have completed your Mentor Training/ Matching Event.
- An e-mail will be sent out introducing you to your Case Manager, the date, the time, prior to the Mentor training/match.
- Your Case Manager will be your point of contact during the Residential and Post Residential Phase.
- Mentor Visits are **NOT MANDATORY**.
- 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 at a specified date/time at the HYCA campus.
- 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) 3451023.

- 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 the Mentor Coordinator at 765-345-1027.

- 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 9-12).** 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 Lead Case Manager

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! Case Manager verifies that all required documents for the application process have been received:				
DATE APP MAILED:	DATE APP RECEIVED:	REGION #:	C.M 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:	
<u>Background Screening:</u>				
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):
Address:
City: State: Zip Code: County:
Home Number: Cell Number:
Personal E-Mail (Please Print Legibly):
Social Security Number Date Of Birth (MM/DD/YYYY):
Sex:: M F Marital Status: Single Married Divorced Separated
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:

Last

First

Middle

MENTOR INTERVIEW QUESTIONNAIRE

1. How long have you known your potential cadet?
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? Yes No If yes, when and where do you plan relocating?
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 letters weekly?
10. Are there any questions, concerns, or comments that you would like to express at this time?

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 objectives and commitments of the Hoosier Youth ChalleNGe Academy program. To the best of my knowledge all statements made by me on this application are truthful. At this time, I am drug free and do not have an alcohol or substance abuse problem and I am not serving a sentence under auspices of any facet of the legal system.

Mentor's Signature:

Date:

NAME OF MENTOR:		
Last	First	Middle

LEGAL REVIEW

Have You Ever Been Involved In, Investigated, Arrested And/Or Convicted Of A Crime? Yes No If Yes,
Please Explain Each Arrest and/or Conviction Below.

Date:	Location Of Offense:		City	County	State
Offense/Violation:	State	Federal	and	Misdemeanor	Felony
What Was The Conviction Of The Offense (Check One)?					
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:	State	Federal	and	Misdemeanor	Felony
What Was The Conviction Of The Offense (Check One)?					
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:

REFERENCES

PLEASE PROVIDE THREE (3), 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 9-12).

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:



NAME OF MENTOR:		
Last	First	Middle

Hoosier Youth ChalleNGe Academy

10892 N. State Road 140, Knightstown, IN 46148 1-877-860-0003/ Fax: 765-345-1012
 Website: www.hoosieryouthchallenge.org

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/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/ 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.

Parent(s)/Legal Guardian(s) are encouraged to attend a face-to-face training or request information 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

Date



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NAME OF MENTOR:

Last

First

Middle

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:

Mentor
First
Name

Mentor
Full
Middle

Mentor
Last
Name

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's Signature

Date



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NAME OF MENTOR:

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Mentor Applicant Reference Form

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.*

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)

Character

Morals

Emotional Health/Stability

Physical Health

Compassion/Empathy

Response to constructive criticism

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.in.gov/ago/hyca or call 1-877-860-0003.

Reference Signature

Reference Phone Number

NAME OF MENTOR:

Last

First

Middle

Please make additional comments here (optional):



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NAME OF MENTOR:

Last

First

Middle

Mentor Applicant Reference Form

Reference Name:

Date:

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Reference Printed Signature

Reference Phone Number

NAME OF MENTOR:

Last

First

Middle

Please make additional comments here (optional):

