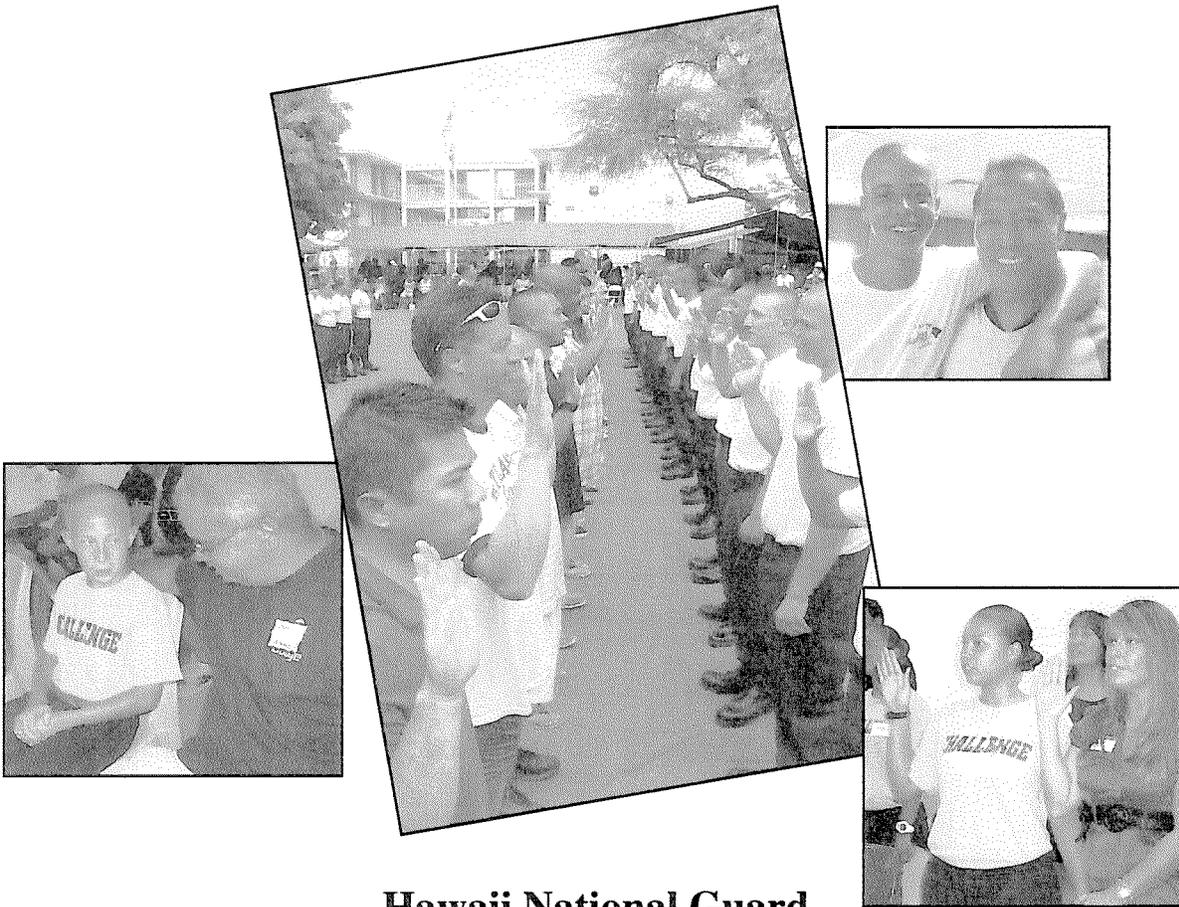




COME JOIN US!  
Volunteer to be a  
**MENTOR!**



**Hawaii National Guard**  
*Youth Challenge Academy*

For information call the Mentor Coordinators Office.

*Ms. Fujimoto 685-7133*



## BE A MENTOR FOR SOMEONE SPECIAL

- The Hawaii National Guard Youth Challenge Academy is very successful with its 16-18 year old youths in a non-traditional program. Eighty-three percent of the youths that volunteer for our quasi-military based 17-month program (5 months residential and 12 months post-residential) will receive their high school diploma. These youths would never have earned their diploma otherwise in a traditional school setting. We have made some astounding progress in redirecting their lives. We are very proud to say that most of our cadets who complete the program are now productive, respectable, and responsible citizens in our community.
- We cannot do this alone; we need your assistance during the post-residential phase of the program. When our cadets return home after completion of the residential phase to pursue their future endeavors in employment, enlistment in a military service, or higher education, the values of self discipline, motivation, respect, responsibility, focus, and determination learned at Youth Challenge can easily be lost when in the home environment. We need good role models, successful people like you, to make a difference by serving as a volunteer mentor. You are that caring adult outside of the family, who is willing to provide support, counsel, friendship, reinforcement and assistance.
- ***Qualifications for being a mentor are:***
  - \* ***You must be drug free.***
  - \* ***23 years of age or older and same gender.***
  - \* ***Have the ability to communicate, and be willing to spend some quality time with your Cadet in finding out how he or she is doing and if they need assistance.***
  - \* ***You must be cleared by a police records check (no DUIs, felonies, sex crimes, and alcohol or substance abuse within the last 5 years).***
  - \* ***We require two favorable character references.***
  - \* ***You cannot be an immediate family member (brother/brother-in-law/step-brother/half-brother, sister/sister-in-law/step-sister/half-sister, or grandparents).***
  - \* ***You cannot be living in the same household.***
  - \* ***You are required to attend a Mentor Training Workshop.***
- We may not be able to resolve all the problems regarding our high school youths in Hawaii, but we sure can make a difference if we all work together as a team.
- **Help us, help the youths in our community, for a better community.**

For more information, please call the Mentor Coordinators Office @  
673-7530 ext. 207, 218 or fax 447-3361

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

P.O. Box 75348

Kapolei, Hawaii 96707-0348



Mentor Application Form

(Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_  
Number/Street/Apt. No. City/State/Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Full Time or Part Time  
Number/Street/Apt. No. City/State/Zip (Circle one)

Do you have a driver's license? \_\_\_\_\_ Name of auto insurance company: \_\_\_\_\_

Why do you want to become a mentor? \_\_\_\_\_

Where, or from whom, did you learn about the Youth Challenge Academy? \_\_\_\_\_

Are you able and willing to commit to 12 months of follow-up with the Cadet while he or she is in the Post-Residential Phase? \_\_\_\_\_

Interests/Hobbies? \_\_\_\_\_

Special Skills? \_\_\_\_\_

If you are a military applicant: Rank: \_\_\_\_\_ Unit: \_\_\_\_\_ Duty description: \_\_\_\_\_

Name of Applicant (Cadet) and relationship: \_\_\_\_\_

List two local references: (NO immediate family)

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

For more information, please call Mentor Coordinators Office @ 673-7530 ext. 207, 218 or (Fax 447-3361)

**Hawaii National Guard Youth Challenge Academy**

P. O. Box 75348  
Kapolei, HI 96707-0348



**MENTOR AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize the Youth Challenge Academy along with law enforcement departments, to conduct whatever background search that may be deemed appropriate to assist in determining my qualifications and suitability for the position I am seeking with the Youth Challenge Academy. I fully understand that the information you collect may be of sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release the Youth Challenge Academy and its agents from any liability and damage that may result from the exchange of requested information between law enforcement departments and the Youth Challenge Academy.

Full Name \_\_\_\_\_ Ethnic Group \_\_\_\_\_

Any Other Name Used/Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Other states you lived in \_\_\_\_\_

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

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**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 Youth Challenge agent, and that I am responsible for choosing and conducting all activities with my Cadet, and that Youth Challenge will not control how these activities are conducted except to ensure that they are done in the interest of the mentoring relationship. I therefore agree that Youth Challenge will not be liable for, and I agree to hold Youth 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. I further release Youth 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.

Print Mentor Name \_\_\_\_\_

Mentor Signature \_\_\_\_\_

Date \_\_\_\_\_

**HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY**

**P. O. Box 75348**

**Kapolei, Hawaii 96707-0348**



**POSITION DESCRIPTION – MENTOR**

**POSITION SUMMARY**

The Mentor serves as a role model, friend, and advocate to a Cadet for at least fourteen months: 2 months in the residential phase and 12 months in the post-residential phase.

**WORKING RELATIONSHIPS**

- Reports to: Mentor Coordinator
- Supervises: Mentors one Cadet

**DUTIES AND RESPONSIBILITIES**

- Commits in good faith to spending at least 14 months in consistent contact with a cadet.
- Cooperates with the mentor selection process by returning the mentor application and screening materials promptly.
- Attends the mandatory mentor training to learn how to relate effectively as a mentor to a cadet.
- Assists the cadet with the development and progress of his or her Post-Residential Action Plan.
- Makes consistent contact with the cadet by phone, mail, e-mail, FAX, or in person. Four contacts per month are required. A least two of them must be face-to-face during the post-residential phase.
- Observes all program policies and guidelines for mentors. Discusses violations of policies by cadet with the Mentor Coordinator.
- Refers the cadet to community resources as needed and helps the cadet obtain those resources.
- Participates in on-site visits and takes part in relevant activities.
- Shares occasional, informal, and fun activities with his or her cadet. The mentor and cadet will jointly select and schedule the activities.
- Communicates at least monthly by phone, FAX, or by e-mail with the Mentor Coordinator. The mentor will promptly inform the Coordinator of any problems, or needs in his or her cadet's life, or in their relationship.

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Name (Print): \_\_\_\_\_

# Hawaii National Guard Youth Challenge Academy

P. O. Box 75348

Kapolei, HI 96707-0348

(808) 673-7530 ext. 207, 218 \* Fax (808) 447-3361



## MENTOR/MENTEE AGREEMENT

We do hereby make a commitment to each other to the following terms of this mentor and mentee relationship. Beginning on this date, we agree to:

- Commit to keep in contact with each other from now to the end of the post-residential phase.
- Communicate during the resident phase in writing or visit at **YCA** after school hours.
- Agree to keep in contact weekly for the first month after graduation either in person or by telephone.
- Agree to a minimum of four contacts per month, by phone, letter, e-mail or face to face during the 12 months post-residential phase. (Cadets entering military services, living on the neighbor island, or moving from Hawaii agree to make minimum contacts by mail or e-mail).
- Notify each other in advance if it is impossible to keep an appointment.
- Work together in the development and completion of the Post-Residential Action Plan (P-RAP).
- Do our best to make this relationship work. Promote trust, respect, and communication between each other.
- Attend planned Youth Challenge match-up activities, and other events such as picnics, etc.
- Call the Mentor/Placement Coordinators for assistance or questions.
- Notify the Mentor Coordinator if the match has to end early for any reason.
- Meet with the Mentor Coordinator at the end of the post-residential phase to discuss mentor/mentee relationships, provide suggestions and establish closure of the Mentor/Mentee Relationship term.

MENTOR Name (Print): \_\_\_\_\_

MENTOR Signature/Date: \_\_\_\_\_

CADET Name (Print): \_\_\_\_\_

CADET Signature/Date: \_\_\_\_\_

Witness (Mentor Coordinator): \_\_\_\_\_

*“ Working for Hawaii’s Youth ”*



Hawaii National Guard Youth Challenge Academy

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Dear Mentor Prospect,

Please give a copy of the Mentor Reference Response form to your TWO local references.
References cannot be an immediate family member. (Parents, Siblings, Grandparents and In-Laws).

Please fill out top portion of the form following the sample below and give the form to your References. Have your Reference fill out form completely and return to Youth Challenge by mail, fax, email, or phone.

Thank you for all your support.

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MENTOR REFERENCE RESPONSE
Your immediate response is greatly appreciated!

Sample

Dear (Print Reference First and Last Name),
(Reference First and Last Name)

(Print Mentors First and Last Name) has been nominated or volunteered as a mentor with the Youth CHalleNGe Academy. He/she is being considered for a match with an at-risk youth in a one-to-one relationship. That mentor prospect listed you as a character reference. Please 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? Relationship:
Does the applicant have a good home relationship?
Does he/she work well with others?
Does he/she have a tendency to overcommit him/herself? Get too involved?

Table with 6 columns: Excellent, Good, Average, Poor, Unknown and 9 rows of characteristics for rating.

Do you recommend this person as a mentor for a youth at-risk? Why?
(Explain)

Signature Date
Home Phone Work Phone

Please send form to us by fax (808) 447-3361, Email (MTatum@yca.hawaii.gov), (GFujimoto@yca.hawaii.gov), or by mail.



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Kapolei, HI 96707-0348

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MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

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

(Reference First and Last Name)

\_\_\_\_\_ has been nominated or volunteered as a mentor

(Mentor First and Last Name)

with the Youth CHALLENGE Academy. He/she is being considered for a match with an at-risk youth in a one-to-one relationship. That mentor prospect listed you as a character reference. Please 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? \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Does he/she have a tendency to overcommit 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	_____	_____	_____	_____	_____

Do you recommend this person as a mentor for a youth at-risk? Why?

(Explain) \_\_\_\_\_

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

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

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Hawaii National Guard  
Youth Challenge Academy  
P.O. Box 75348  
Kapolei, HI 96707-0348

Attn: Mentor Coordinator Office

Check here if new address



Hawaii National Guard Youth Challenge Academy

P.O. Box 75348

Kapolei, HI 96707-0348

(808) 673-7530 ext. 207, 218

MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

Dear \_\_\_\_\_,  
(Reference First and Last Name)

\_\_\_\_\_ has been nominated or volunteered as a mentor  
(Mentor First and Last Name)

with the Youth CHALLENGE Academy. He/she is being considered for a match with an at-risk youth in a one-to-one relationship. That mentor prospect listed you as a character reference. Please 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? \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Does he/she have a tendency to overcommit 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	_____	_____	_____	_____	_____

Do you recommend this person as a mentor for a youth at-risk? Why?

(Explain) \_\_\_\_\_  
\_\_\_\_\_

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

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

Please send form to us by fax (808) 447-3361, Email (MTatum@yca.hawaii.gov), (GFujimoto@yca.hawaii.gov) or by mail (address above).



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Check here if new address