

P. O. Box 75348 Kapolei, Hawaii 96707 (808) 673-7530 ext. 207, 218 * Fax (808) 447-3361



MENTOR APPLICATION

Make a Difference.



Volunteer to be a MENTOR!

For more information call the Mentor Coordinators Office

685-7133 or email: gail.k.fujimoto@hawaii.gov

Website: dod.hawaii.gov/yca Facebook: https://www.facebook.com/youthchallengeoahu



P. O. Box 75348 Kapolei, Hawaii 96707 (808) 673-7530 ext. 207, 218 * Fax (808) 447-3361



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 equivalency 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 <u>CANNOT</u> 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.

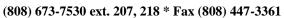
We may not be able to resolve all the problems regarding our high school youths in Hawaii, but we sure can make a difference if we all work together as a team.

Help us, help the youths in our community, for a better community.

For more information, please call Mentor Coordinators Office @ 685-7133 or email: gail.k.fujimoto@hawaii.gov



P. O. Box 75348 Kapolei, Hawaii 96707





Mentor Application Form (Please Print)

Last Name:	ast Name: First Name:		M.I.:		
Gender:	Date of Birth:	Marital Status:			
Home/Mailing Add	ress:				
	ress:Number/Street/Apt. N	No.	City/State/Zip		
Home Phone:	Business Phone:	Cell Ph	none:		
Fax Phone:	E-N	Mail:			
Present Employer:		Occupation	:		
Address:	er/Street/Apt. No.	City/State/Zip	Full Time or Part Time (Circle one)		
Do you have a drive	er's license? Name of a	uto insurance company:			
Name of Applicant	t (Cadet) and relationship:				
	o become a mentor?				
	om, did you learn about the You				
	illing to commit to 12 months of				
Interests/Hobbies?					
Special Skills?					
	applicant: Rank: Unit:		ription:		
List two local refere	ences: (NO immediate family)				
1) Name:		Relatic	onship:		
	Home Phone		-		
2) Name:		Relation	onship:		
	Home Phone				
	This information is true and a	ccurate to the best of my know	wledge		
Mentor Signature:		Date: _			



P. O. Box 75348 Kapolei, Hawaii 96707 (808) 673-7530 ext. 207, 218 * Fax (808) 447-3361



MENTOR AUTHORIZATION TO RELEASE INFORMATION

enforcement departments, to conduct whatever background search that may be deemed appropriate to assist

_, hereby authorize the Youth Challenge Academy along with law

Academy. I fully understand that the privileged nature, and may reflect upon n	intability for the position I am seeking with the Youth Challenge information you collect may be of sensitive, confidential, and my suitability. I hereby release the Youth Challenge Academy and age that may result from the exchange of requested information d 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:	
Mentor Signature:	Date:
MENTO	R LIABILITY RELEASE
exercise care in supervising my Cadet w Youth Challenge agent, and that I am res and that Youth Challenge will not contro done in the interest of the mentoring rela for, and I agree to hold Youth Challeng imposed on it in any way relating to or Challenge from any and all liability, clain of any damage, loss or injury I might inc mentoring agreement.	one actually spending time with my matched Cadet and that I must while we are together. I also understand and agree that I am not a sponsible for choosing and conducting all activities with my Cadet, of how these activities are conducted except to ensure that they are ationship. I therefore agree that Youth Challenge will not be liable the harmless from any and all liability, causes of action and losses arising out of this mentoring agreement. I further release Youth ms, demands, or actions or causes of action whatsoever arising out our while participating in any of the activities contemplated by this
Mentor Signature:	Date:



P. O. Box 75348 Kapolei, Hawaii 96707 (808) 673-7530 ext. 207, 218 * Fax (808) 447-3361



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 CoordinatorSupervises: 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. At 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):	



P. O. Box 75348 Kapolei, Hawaii 96707

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



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.



HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

P. O. Box 75348 Kapolei, Hawaii 96707

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



Your immediate response is greatly appreciated!



Youth

Dear (Print Reference First and Last Name),

(<u>Print Mentor Prospect First and Last Name</u>) has been nominated or volunteered as a mentor with the Youth CHalleNGe Academy for (<u>Print Applicant First and Last Name</u>, <u>if known</u>). He/she is being considered for a match with an at-risk youth in a one-to-one relationship. This 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 confidential.

How long have you known the mentor prospect? Relationship:					
Does the mentor prospect have a good ho	ome relationship?				
Does he/she work well with others?					
Does he/she have a tendency to overcom	mit him/herself? Get too	involved?			
How would you rate him/her based on the	e following?				
	Excellent	Good	Average	Poor	Unknown
Personal habits					<u> </u>
Character					
Morals					<u> </u>
Compassion for those in need					<u> </u>
Completes commitments					<u> </u>
Emotional stability					
Receives constructive criticism					
Health					· ———
Do you recommend this person as a men	tor for a youth at-risk? V	Why? (Explain)			
gnature: I		Date:	Date:		
Home Phone: (Work Phone: ()			



P. O. Box 75348 Kapolei, Hawaii 96707

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



MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

Dear(Reference First and Las	t Nama)					
(Reference Pilst and Las						
(Mentor Prospect First and Last Na CHalleNGe Academy for Applica a match with an at-risk youth in reference. Please answer the quewill be kept confidential.	ame) nt(Applicant F a one-to-one rel	ërst and Last Nan lationship. Tl	ne, if known) his mentor prosp	He/she is bein	ng considered for	
How long have you known the mentor prospect?			Relationship:			
Does the mentor prospect have a g	good home relation	onship?				
Does he/she work well with others	s?					
Does he/she have a tendency to ov	ercommit him/h	erself? Get to	oo involved?			
How would you rate him/her base	d on the followin	ng?				
	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 y	outh at-risk?	Why? (Explain)		
Signature:			Date:			
Home Phone: (Work Pho	me· (



P. O. Box 75348 Kapolei, Hawaii 96707

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



MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

Dear		,				
Dear(Reference First and Last	t Name)					
	has l	been nominat	ed or volunteere	d as a mento	r with the Youth	
(Mentor Prospect First and Last Na CHalleNGe Academy for Applicate a match with an at-risk youth in reference. Please answer the questill be kept confidential.	ame) nt (Applicant F a one-to-one rel	ërst and Last Nan lationship. Tl	ne, if known) his mentor prosp	He/she is bein	ng considered fo	
How long have you known the me	How long have you known the mentor prospect?		Relationship:			
Does the mentor prospect have a g	good home relation	onship?				
Does he/she work well with others	s?					
Does he/she have a tendency to ov	vercommit him/h	erself? Get t	oo involved?			
How would you rate him/her base						
·						
	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 y	outh at-risk?	Why? (Explain)		
Signature:						
Home Phone: (Work Pho	one: (