



HAWAII NATIONAL GUARD  
YOUTH CHALLENGE ACADEMY

# MENTOR APPLICATION

VOLUNTEER TO BE A

# MENTOR!

MAKE A DIFFERENCE.

**For More Information contact the Mentor Coordinators Office!**

**(808) 369-3014**  
**tezrah.m.s.duldulao@hawaii.gov**

Hawaii National Guard Youth Challenge Academy  
P.O. Box 75348  
Kapolei, HI 96707  
Website: [dod.hawaii.gov/yca](http://dod.hawaii.gov/yca)



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## Be A Mentor for Someone Special

We need **good role models** and **positive influences** to make a difference by serving as a volunteer mentor. You can be that caring adult who is willing to provide support, counsel, friendship, reinforcement, and assistance. You can be the person that can change the life of someone else for the better. If you are interested in becoming a, these are the qualifications:

### *Qualifications for being a Mentor are:*

- **You must be drug free.**
- **23 years of age or older and same gender as your Mentee**
- **Can communicate well and be willing to spend 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/stepbrother/half-brother, sister/sister-in-law/stepsister/half-sister, or grandparents).**
- **You **CANNOT** be living in the same household.**
- **You are required to attend a Mentor Training Workshop.**

For more information, please call Mentor Coordinators Office @ (808) 369-3014 or email: [tezrah.m.s.duldulao@hawaii.gov](mailto:tezrah.m.s.duldulao@hawaii.gov)



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**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: \_\_\_\_\_

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

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: \_\_\_\_\_

List two local references: (NO immediate family)

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

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

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

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

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## **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: \_\_\_\_\_

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

## **MENTOR LIABILITY RELEASE**

I understand and agree that I will be the one 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.

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

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## **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. 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): \_\_\_\_\_

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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!*



Dear (Print Reference First and Last Name),

(Print Mentor Prospect First and Last Name) has been nominated or volunteered as a mentor with the Youth CHalleNGe Academy for (Print Applicant First and Last Name, if known). 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 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 based on the following?

|                                 | 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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## MENTOR REFERENCE RESPONSE

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

\_\_\_\_\_ has been nominated or volunteered as a mentor with the Youth  
(Mentor Prospect First and Last Name)  
CHALLENGE Academy for Applicant \_\_\_\_\_. He/she is being considered for  
(Applicant First and Last Name, if known)

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.

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Does the mentor prospect have a good home relationship? \_\_\_\_\_

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

Does he/she tend to overcommit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her based on the following?

|                                 | 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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(Reference First and Last Name)

\_\_\_\_\_ has been nominated or volunteered as a mentor with the Youth  
(Mentor Prospect First and Last Name)  
CHALLENGE Academy for Applicant \_\_\_\_\_. He/she is being considered for  
(Applicant First and Last Name, if known)

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How long have you known the mentor prospect? \_\_\_\_\_ Relationship: \_\_\_\_\_

Does the mentor prospect have a good home relationship? \_\_\_\_\_

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

Does he/she tend to overcommit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her based on the following?

|                                 | 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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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Check here if new address



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Youth Challenge Academy**  
P.O. Box 75348  
Kapolei, HI 96707-0348



*Attention: Mentor Coordinator Office*

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