



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

samlynn.n.moore@hawaii.gov

Hawaii National Guard Youth Challenge Academy

P.O. Box 75348

Kapolei, HI 96707

Website: 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.**

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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.
- Make consistent contact with the cadet by phone calls, e-mail, social media, letter writing, or in person. A minimum of ONE contact per month is required, preferably 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 monthly by telephone, text, e-mail, FAX, or face to face with the Mentor Coordinator or Case Manager. The mentor will promptly inform the Coordinator of any problems, 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.

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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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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Attention: Mentor Coordinator Office
