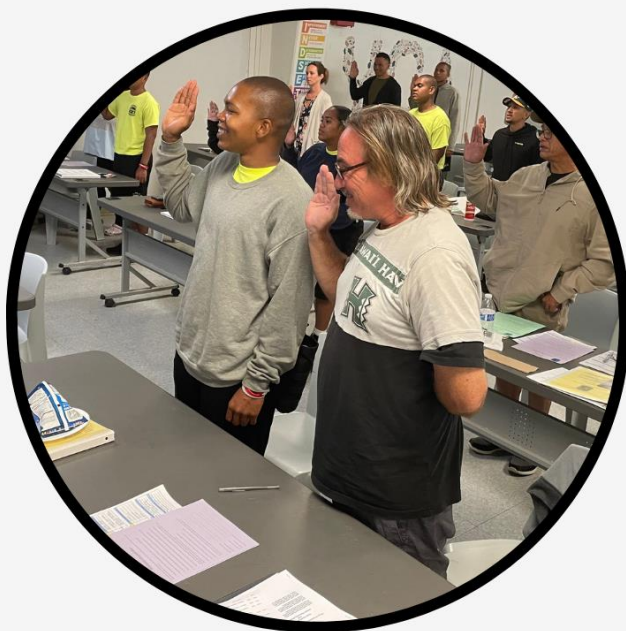




PO BOX 75348 KAPOLEI, HAWAII 96707

BECOME A MENTOR



“Every at-promise youth is one caring adult away from being a success story”

**MAKE A PLEDGE
TO MAKE A DIFFERENCE!**



for more information contact
MENTOR COORDINATOR
DEPARTMENT

 (808) 754-8707

call or text



dod.hawaii.gov/yca

BE A MENTOR FOR SOMEONE SPECIAL

Good role models and **positive influencers** make a difference by serving as a volunteer mentor. You can be that caring adult who will speak life into, provide support, motivation, friendship, reinforcement, and guidance to a young person. You can be the person that can change the life of someone else for the better. If you are interested in becoming a mentor these are the qualifications:

Qualifications for being a Mentor are:

- **21 years of age or older.**
- **You must be drug free.**
- **The same gender as your Cadet. Cross-gender matches are allowed on a case-by-case basis if approved by the director.**
- **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 that we will contact.**
- **You **CANNOT** be an immediate family member (brother/brother-in-law/stepbrother/half-brother, sister/sister-in-law/stepsister/half-sister, significant other of parents).**
- **You **CANNOT** be living in the same household.**
- **You are required to attend one in-person Mentor Training Workshop.**
- **You must be willing to commit to mentoring your Cadet during residential and post-residential phase (17 months).**

HAWAII NATIONAL GUARD
YOUTH CHALLENGE ACADEMY

P. O. Box 75348
Kapolei, Hawaii 96707
Mentor Department

Call or Text (808) 754-8707

MENTOR APPLICATION FORM

(Please Print Clearly)

Information provided is strictly confidential

Last Name: _____ First Name: _____ M.I.: _____

Gender: Male Female Date of Birth: _____ Marital Status: _____

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

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Preferred Communication: Call Text E-Mail Best Time To Contact: _____

Present Employer: _____ Occupation: _____

Address: _____ Full Time Part Time
Number/Street/Apt. No. City/State/Zip

Name of Applicant (Cadet) : _____ 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: _____

Please list two reliable references (no immediate family) that we may contact.

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: _____

**HAWAII NATIONAL GUARD
YOUTH CHALLENGE ACADEMY**
P. O. Box 75348
Kapolei, Hawaii 96707
Mentor Department
Call or Text (808) 754-8707

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 a 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: _____

Length of time lived in this state: _____

Other states you've 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 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 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 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:** _____

Information Provided is strictly confidential

HAWAII NATIONAL GUARD
YOUTH CHALLENGE ACADEMY
P. O. Box 75348
Kapolei, Hawaii 96707
Mentor Department
Call or Text (808) 754-8707

PRIVACY ACT FOR CRIMINAL BACKGROUND CHECK

Your personal information is being collected and used in accordance with the Privacy Act of 1974. This notice explains the collection, use, and protection of your Personally Identifiable Information (PII).

Purpose: The information you provide will be used to conduct a criminal background check as required for employment or volunteer work involving youth and participation in the Youth Challenge Academy in the State of Hawaii.

Authority: The collection of this information is authorized by Hawaii Revised Statutes (HRS) Chapter 846-2.7.

Uses: Your PII will be used to verify your identity and to conduct a thorough background check. This process includes checks with local, state, and federal law enforcement agencies.

Disclosure: Your PII will be disclosed only to authorized personnel involved in the background check process. It will not be shared with any unauthorized parties without your consent, except as required by law.

Security: Measures are in place to protect your PII from unauthorized access, use, or disclosure. These measures include encryption, secure storage, and strict access controls.

Retention: Your information will be retained only as long as necessary to fulfill the purposes outlined in this notice and as required by law.

Voluntary Submission: Providing your PII is voluntary. However, failure to provide the requested information may result in your ineligibility for employment, volunteer positions, or participation in the Youth Challenge Academy.

By submitting your information, you acknowledge that you have read and understand this Privacy Act Notice.

Print Name: _____

Date: _____

Signature: _____

This notice ensures that applicants understand the necessity and protection measures surrounding their personal information during the background check process for roles involving cadets and the Hawaii National Guard Youth Challenge Academy.

**HAWAII NATIONAL GUARD
YOUTH CHALLENGE ACADEMY**
P. O. Box 75348
Kapolei, Hawaii 96707
Mentor Department
Call or Text (808) 754-8707

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 or Case Manager
- 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 promptly returning the mentor application and screening materials.
- Attends the mandatory mentor training to learn how to relate effectively as a Mentor to a Cadet.
- Assists the Cadet with developing and progressing his or her Post-Residential Action Plan.
- Make consistent contact with the Cadet via phone, 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 the 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.
- Share 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, or face-to-face with the Case Manager. The Mentor will promptly inform the Case Manager of any problems or needs in his or her Cadet's life or their relationship.

Mentor Signature: _____ **Date:** _____

Mentor Name (Print): _____