

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: \_\_\_\_\_

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

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## **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.

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**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.

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