

NA KULA ALAKA'I HAWAII NATIONAL GUARD YOUTH CHALLENGE



ALOHA



Agenda

01. ALOHA
02. YCA HISTORY AND MISSION
03. CADET PHASE AND PROFILE
04. 8 CORE COMPONENTS
05. MENTORSHIP/POST RESIDENTIAL PHASE
06. SOCIAL MEDIA
07. ADMISSIONS FORMS & REMINDERS
08. QUESTION AND ANSWER



Challenge History

1993

Established by Congress in 1993

National Guard launched the Youth Challenge Program to respond to the growing number of High School dropouts.

1994

Hawaii Youth Challenge

Academy Kalaeloa opened.

2010

Hawaii Youth Challenge

Academy Hilo 2nd Campus

Opened. Now only one YCA campus is active on Oahu.

2024

"Na Kula Alaka'I" - "School of Leaders" "Leadership School"





Mission

“Always ready, the Na Kula Alaka'i Hawaii National Guard Youth Challenge Academy enables a safe, secure and thriving educational program to the state.”

Vision

TRUSTED, READY, RESPONSIVE.”

Phases of Challenge



5 1/2

MONTHS

RESIDENTIAL PHASE

- Acclimation
- Residential

12

MONTHS

POST RESIDENTIAL

17 1/2

MONTH PROGRAM

2 Cycles Per Year

JANUARY – JUNE

JULY - DECEMBER



CADET PROFILE



- 16 – 18 YEARS OLD
- VOLUNTARILY PARTICIPATES
- US CITIZEN & HAWAII RESIDENT
- FREE FROM USE OF ILLEGAL DRUGS & SUBSTANCES
- FREE OF FELONY CONVICTION
- PHYSICALLY & MENTALLY CAPABLE TO PARTICIPATE (FAMILY TREE SESSIONS/INTERVIEW)



Academy Core Components

1. Academic Excellence
2. Responsible Citizenship
3. Health & Hygiene
4. Physical Fitness
5. Leadership/Followership
6. Service To Community
7. Life Coping
8. Job Skills



Academic Excellence

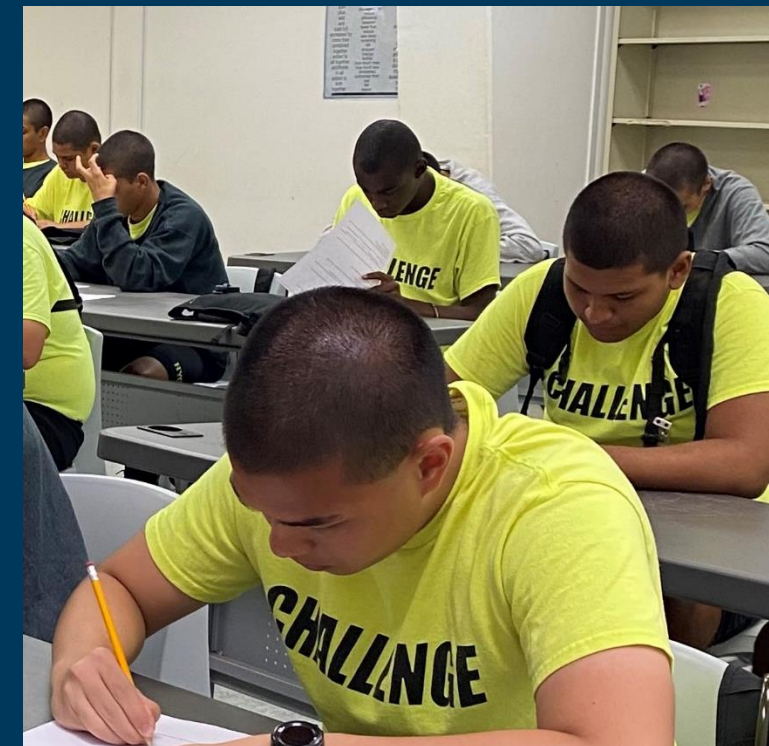
(HiSET, Credit Recovery & Kapolei Charter)

Responsible Citizenship

(Government & Law, Voting Rights, Cadet Council)

Health & Hygiene

(Healthy Choices, Substance Abuse & Positive Habits)



Leadership Followership

(Weekly Leadership Positions: Plt Guide, Squad Ldr)

Physical Fitness

(1 mile Run, 1 minute Sit Ups, 1 minute Push-Ups)

Service To Community

(Minimum 40 hours)



Life Coping

(Self Control, Increased Self Esteem, Conflict Resolutions, Personal Finance)

Job Skills

(Military & College Fair, Career Awareness Fair, Job Fair & Placement)



Physical Fitness & Community Service Video





YCA CLASS 62 PODCAST EPISODE 2: A SERVANT'S HEART

MENTORSHIP

Mentors will
support cadets and
future graduates
with their GOALS
for the future and
help transition
them back into

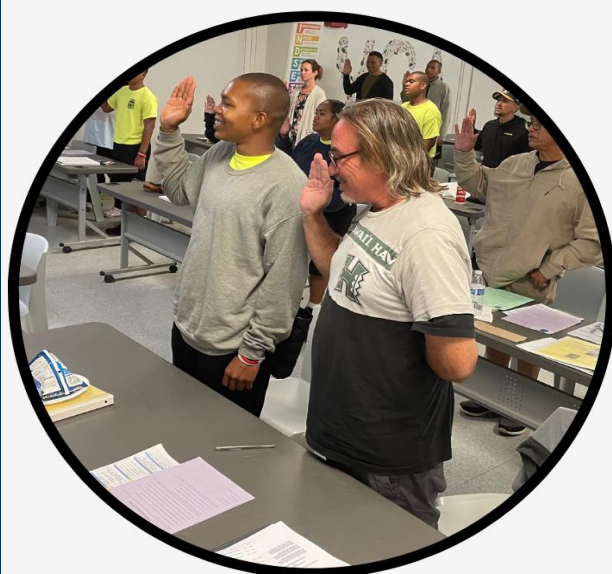
- 21 years old
- Must be drug free
- Same gender as cadet (cross-gender matches are allowed on a case-by-case basis and must be approved by the director)
- CANNOT be living in the same household
- CANNOT be immediate family (NO siblings, parents and parents significant other)
- Must be cleared by a police records check (no DUI's, felonies, sex crimes, alcohol or substance abuse within the last 5 years)
- Must attend one in-person Mentor Training
- Must be willing to commit to mentoring your Cadet during the residential and post-residential phase (17 months)
- Must submit monthly post-residential reports your Cadet (12 months)





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

HOW TO APPLY

Online: dod.hawaii.gov/yca
Click on mentor's tab for
more information

In-Person: 91-1001 Shangrila
Street
Kapolei, Hawaii
96707

**Contact Mentor
Department:**

Noemi Soyapetasi





Hawaii Youth Challenge Academy
FACEBOOK

Hawaii Youth Challenge Academy
(@HYCA808) INSTAGRAM



MEET & GREET ENDURANCE EVENTS



GROUP ORIENTATION



MEET AND GREET
GROUP BRIEF – KEY STAFF
APPLICANT INTERVIEW &
FAMILY TREE SESSIONS
PARENT INTERVIEW

ENDURANCE

Plain white T-Shirt, black running shorts,
running shoes, water bottle.
Physical Fitness with
the cadre department.





**SAVE THE
DATES**



Meet & Greet

Save the Date: October 16, 2026

Time: 1:00PM – 3:00PM

Endurance #1

**Save the Date: November 13,
2026**

Time: 6:30AM

ADMISSIONS, MEDICAL, MENTOR PACKET

1. All Admissions Application Packet Signed & Returned
 - *Admission Document copies or scheduled appt. (State ID, Birth Certificate, SSN Card, etc. Submit to:*
 - *Admissions Specialist: Carol Agbisit: carol.l.agbisit@hawaii.gov*
Recruiter: Rogelio Tucay: rogelio.c.tucay@hawaii.gov
2. Medical Forms Signed & Returned
 - *Medical Document copies or scheduled appt. (Sports Physical, Immunization Recs, Dental)*
 - Admissions Specialist: Carol Agbisit: carol.l.agbisit@hawaii.gov*
Nurse: Deanna Silva: deanna.l.silva@hawaii.gov
3. Mentor Application
 - *Lead Case Manager: Neomi Sevaaetasi: neomi.f.t.sevaaetasi@hawaii.gov*

APPLICATION

		HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY OAHU (808) 673-7530			
Website: dod.hawaii.gov/yca		Submit via email to: admissions.yca.oahu@hawaii.gov			
SSN#: PROVIDE COPY	LEGAL NAME: LAST/FAMILY	FIRST/GIVEN	FULL MIDDLE		
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE AND EMAIL
MAILING ADDRESS (If same as above check here) ☐		CITY	STATE	ZIP CODE	Cell: Home: Email:
GENDER	BIRTHDATE (MM/DD/YYYY)	AGE	EMPLOYED?	US CITIZEN?	ATTACH COPY OF GREEN CARD
☐ FEMALE			YES ☐ NO ☐	YES ☐ NO ☐	☐ VISA ☐ I-94
☐ MALE			NO ☐	NO ☐	☐ PERMANENT RESIDENT
Racial Background: ☐ American Indian ☐ Alaskan Native ☐ Other Asian ☐ African American/Black ☐ Japanese ☐ Chinese ☐ Filipino ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Micronesian ☐ Pacific Islander ☐ Samoan ☐ White ☐ Hispanic					
Preferred contact methods: Call ☐ Text ☐ Email ☐					
MOTHER/FEMALE GUARDIAN INFORMATION					
LAST, FIRST NAME		RELATIONSHIP	EMAIL	PHONE	
STREET ADDRESS		CITY & STATE		ZIP CODE	
Racial Background: ☐ American Indian ☐ Alaskan Native ☐ Other Asian ☐ African American/Black ☐ Japanese ☐ Chinese ☐ Filipino ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Micronesian ☐ Pacific Islander ☐ Samoan ☐ White ☐ Hispanic					
Preferred contact methods: Call ☐ Text ☐ Email ☐					
FATHER/MALE GUARDIAN INFORMATION					
LAST, FIRST NAME		RELATIONSHIP	EMAIL	PHONE	
STREET ADDRESS		CITY & STATE		ZIP CODE	
Racial Background: ☐ American Indian ☐ Alaskan Native ☐ Other Asian ☐ African American/Black ☐ Japanese ☐ Chinese ☐ Filipino ☐ Guamanian/Chamorro ☐ Hawaiian ☐ Micronesian ☐ Pacific Islander ☐ Samoan ☐ White ☐ Hispanic					
Preferred contact methods: Call ☐ Text ☐ Email ☐					
ACADEMIC DECLARATION					
LIST EVERY HIGH SCHOOL (PUBLIC/PRIVATE/CHARTER/HOME) ATTENDED INCLUDING THE ONE CURRENTLY ENROLLED IN, IF ANY					
MOST RECENT SCHOOL /PROGRAM (DO NOT USE ABBREVIATIONS)		CITY/STATE/COUNTRY	ATTENDED/ATTENDING		
			FROM MM/YY	TO MM/YY	
PERSONAL STATEMENT ESSAY (Attach paper as needed)					
1. I would like to attend Youth Challenge Academy because...					
2. My future goal is to...					
RESIDENCY DECLARATION (Submit Government-issued Identification)					
I am a legal resident of Hawaii based on:					
☐ Born in the United States or one of its territories.					
☐ Assigned to Hawaii by a U.S. federal agency (e.g., the military)					
☐ Naturalized U.S. citizen					
☐ Legal Residency Card (I-94 or Permanent Resident Card)					

LEGAL DECLARATION (Submit Abstract/Letter of Clearance)			
Check ALL that apply			
☐ I have never been arrested			
☐ I have been arrested in the past.	Date:	Charge:	
☐ I am on Probation for Juvenile status.	PO's Name:	Phone:	
☐ I have pending cases against me.	Court Date:	Charge:	
☐ I have been convicted of a felony or misdemeanor?	Date:	Charge:	
ALCOHOL AND DRUG FREE DECLARATION (Submit Academy-approved Drug Test)			
By my initials, I understand that the Hawaii National Guard Youth Challenge Academy (YCA) is an Alcohol, Tobacco and Drug-free environment, with a Zero Tolerance policy against drug use. I understand that I will be subject to random drug and toxicology screenings at any time while attending YCA and if I am found to test positive for substance abuse or am caught in possession of any of the aforementioned substances, I may be dismissed from YCA immediately without notice.			
Init: _____			
MEDICAL DECLARATION (Submit Medical Physical Clearance within 12 months)			
By my initials, I understand that the YCA is physically, mentally, and emotionally demanding and that it is my responsibility to inform the YCA staff of any pre-existing medical issues or concerns prior to my being accepted into the YCA program. To ensure that I am physically prepared for the YCA, I am required to complete a standard Hawaii DOE sports physical and provide a copy of that physical to the YCA admissions staff. Also, upon my reporting to the YCA, I am required to turn over all prescribed medications and accompanying documentation to the YCA medical staff who will monitor my use of this medication in accordance with all physicians' written guidelines.			
Init: _____			
Check ALL that apply			
☐ I have health insurance			
☐ I currently do not have health insurance.			
MENTOR PROSPECT			
I understand that I am required to find a mentor to assist me in completing the YCA program. This mentor must be at least 23 years old, the same gender as myself, cannot live in my household, cannot be a parent or grandparent and must pass a criminal background check. This mentor must commit to attend an 8-hour training session and be willing to visit with me at least once a week during the 3rd and 4th months of the YCA residential program. Upon my graduation, this mentor will be required to submit weekly reports on my progress toward achieving my life goals as established during the residential portion of the YCA program.			
By my initials, I understand that I may be discharged if I do not provide a trained mentor by week 13.			
Init: _____			
Mentor Prospect 1:			
NAME: _____	GENDER: _____	DOB: ____ / ____ / ____	MARITAL STATUS: _____
RELATIONSHIP TO YOU: _____		CONTACT INFO: _____	
Mentor Prospect 2:			
NAME: _____	GENDER: _____	DOB: ____ / ____ / ____	MARITAL STATUS: _____
RELATIONSHIP TO YOU: _____		CONTACT INFO: _____	
REFERRAL INFORMATION			
How did you hear about Youth Challenge?	Did a person refer you? If yes, who?	Why did they refer you?	
APPLICANT'S CERTIFICATION			
I certify that the responses provided on this application form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission. I agree to provide documents relevant to the determination of my residency status and age as required by national guidelines. Furthermore, I understand that the YCA shares a common database, and personal information may be accessed by authorized Youth Challenge Academy and National Guard personnel.			
Date: _____	Applicant's Signature: _____		
Date: _____	If Applicant is under 18, Parent/Guardian's Signature: _____		
"THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER"			

ENROLLMENT AGREEMENT PAGES 1 & 2



PLEASE KEEP A COPY FOR YOUR RECORDS.

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY ENROLLMENT AGREEMENT

In consideration of the mutual agreements hereafter set forth, faithfully, to be fully kept and performed by the respective parties hereto, it is agreed as follows:

Term 1. Term Set for Contract – I understand that the Hawaii National Guard Youth Challenge Academy (YCA) is a Residential Program and understand that all cadets must be in attendance for a required number of days. Cadets who fail to complete the required number of training days may become ineligible to complete/graduate the program. Dates of enrollment are set per class to cover the required number of training days as set forth in the memorandum of agreement with the National Guard Bureau.

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 2. Conditions of Enrollment – I understand and agree that YCA retains the right to suspend or dismiss a cadet from YCA for conduct (on or off campus) that is prejudicial to the good order and discipline required by YCA, or for any violation of the YCA rules and regulations as set forth in the Cadet Student Manual. YCA bears no obligation to provide any academic work to complete a semester or any academic credit once a cadet is dismissed. All cadets are furnished with a copy of these regulations to which they will be bound and ordered to both review and understand them fully.

Reasons for possible dismissal include but are not limited to the following:

- | | |
|---|--|
| ▪ Drugs & Hallucinogens—Selling, Possession, Use and/or Distribution of Drug Paraphernalia. | ▪ Unauthorized Personnel in Cadet Barracks at ANYTIME. |
| ▪ Refusing to take a Urine Drug Screen/Breathalyzer Test | ▪ Offenses affecting the Well Being of the YCA |
| ▪ Positive Results on a Urine Drug Screen/Breathalyzer Test | ▪ Female Cadet in Males' Room/Barracks or Male Cadet in Females' Room/Barracks |
| ▪ Alcohol and/or Beer – Use of and/or Possession. | ▪ Possession of Guns; Knives; Stun Guns; Paint Ball Guns, Rocket Fuel or Flammable Materials |
| ▪ Civil Law Violation Inside/Outside YCA | ▪ Self-Inflicted Wounds to include Tattoos/Branding, and/or Body Piercing |
| ▪ Lying, Stealing, or Cheating of ANY Kind, On or Off Campus | ▪ Possession of Unauthorized Keys |
| ▪ Physical or mental hazing of any kind | ▪ Leaving Facility without Permission |
| ▪ Repeated Fighting in Barracks/on Campus | ▪ Sexual Harassment of ANY Kind |
| ▪ Moral or Lewd Misconduct | ▪ Racial Remarks of ANY Kind |
| ▪ Vandalism – Willful Destruction of School Property (Room/Barracks, etc.) | ▪ Gambling; Possession of Gambling Paraphernalia |
| ▪ Making Unauthorized Telephone Calls | ▪ Stealing from YCA staff offices/desks/vehicles/purses, etc. |
| ▪ Excessive Demerits/Class Absences | ▪ Violation of the Tobacco use policy |
| ▪ Threatening YCA Faculty, Staff or Cadre. | |

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 3. YCA Drug Policy – I understand that every cadet will be given a urinalysis (UA) within 40-days of arrival at YCA and will be subject to random testing while enrolled at YCA. Anytime a UA result is positive, the parent or guardian has the right to request a second UA test be conducted at their own expense before the cadet is dismissed from the program. YCA will maintain physical custody of the cadet during this entire process.

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 4. Sexual Harassment – I understand and agree that all cadets are required to comply with YCA policies prohibiting any form of sexual harassment. I understand that if a cadet sexually harasses any other cadet, staff member or YCA volunteer, they may be subject to immediate disciplinary actions. YCA Disciplinary actions include, but are not limited to, the loss of rank and/or position, being placed on a disciplinary detail, loss of favors or dismissal from the program. This policy does not limit or interfere with the potential for civil or criminal charges being brought by the victim.

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 5. Conditions for Authorized Leave – I understand that cadets may be released from the academy on a temporary basis for any one or both of the following purposes: Wedding of Parent or Guardian or Death of Immediate Family Member (Parent or Guardian, Sibling, Grandparent or Great-Grandparent only) either Biological or Adopted. Released cadets must return within the designated time frame as determined by YCA to be appropriate for said event. Any deviations from course will result in possible disciplinary actions which may include, but are not limited to, the loss of rank and/or position, being placed on a disciplinary detail, loss of favors or dismissal from the program.

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 6. Media Policy – Unless specifically forbidden by the responsible enrolling party, it is YCA's policy that enrollment is deemed as consent to the photographing, videotaping and voice recording of cadets for use singularly or in conjunction with other images and/or recordings for advertising, publicity, commercial or other business purposes in markets both foreign and domestic. YCA policy states that unless specifically forbidden by the responsible enrolling party, all responsible parties release YCA, and any of its affiliated organizations, their directors, officers, agents, employees, customers, and appointed advertising agencies from all claims of any kind on account of such use.

Parent/Guardian Initials ____ / ____ Student Initials ____

Term 7. Financial Responsibility – Although YCA has no registration fees or established program costs, I acknowledge by my initials below that any undue expenses incurred by YCA as a result of damage, misuse of facilities or any other unforeseen circumstances due to negligence will be reimbursed by me as soon as possible upon receipt of such charges. All incomplete or non-paid fiscal responsibilities may result in cadet termination, suspension of training or withholding of graduation documents. In the event that recovery of financial obligations requires legal action, I agree to pay all collection expenses incurred by YCA to include court costs and attorney's fees, without relief from valuation or appraisal laws.

ENROLLMENT AGREEMENT PAGES 3 & 4

1. All payments must be made in money order or cashier's check, to the YCA and all fiscal responsibility concerns may be directed to the YCA business office, the Deputy Director for the appropriate academy or the Director of YCA.

When deemed necessary by YCA or their affiliates, a credit investigation of the parent and/or responsible party is authorized for the purpose of obtaining necessary financial information.

Parent/Guardian Initials _____ / _____ Student Initials _____

Term 8. Athletics Participation Policy –All cadets are expected to participate in organized and intramural athletics while attending YCA. By the initials below, I acknowledge that injuries are a possibility, which could result in a permanent disability, paralysis or even death. Unless noted on the required physical examination form, cadets and/or parents/guardians attest and verify that the identified cadet is in good physical health and is capable of participating in such activity. By enrolling in the YCA, I give consent to allow participation in all YCA physical activities and agree to voluntarily release and forever discharge YCA, its employees, agents, representatives, and volunteers from any and all claims of liability or damages incurred as a result there of, whether on or off YCA property. It is understood that nothing in this policy is intended to, nor shall it be construed to, release any insurance company or third-party agency from any obligation to pay under any liability insurance or other benefit.

Parent/Guardian Initials _____ / _____ Student Initials _____

Term 9. Occupational Welfare Policy – Program participants receive training under program guidelines established by the National Guard Bureau, the Hawaii Department of Defense and the Hawaii Department of Education, however, cadets are not considered employees nor members of any of the aforementioned organizations. In regards to computing compensation benefits for a disability or death incurred while attending the YCA, participants shall be considered Federal employees under Subchapter I of Chapter 81 of Title 5, U.S. Code, for the purpose of compensation for work injuries; and for the purpose of Sections 1346(b) and Chapter 171 of Title 28, U.S. Code, and any other provision of law relating to the liability of the United States for tortious conduct of employees of the United States and shall, if granted, receive compensation under the entrance salary for a grade GS-2 federal employee.

1. The participants shall not be considered to be in the performance of duty while not at the assigned location of training or if they are found to be in violation of any program agreements or standing orders.
2. The entitlement of a person to receive compensation for a disability shall begin on the day following the date that the person's participation in the Program is terminated.

Parent/Guardian Initials _____ / _____ Student Initials _____

Term 10. Transportation Policy – I understand that cadets participate in organized off-site events which include but are not limited to, medical appointments, court hearings, educational field trips, training missions, etc. All off-site training missions are conducted with the highest regard for the safety and the well-being of each cadet in accordance with YCA and NGB standards. While participating in any off-site training/functions, cadets are required to follow all rules of conduct as specified in the YCA's rules and regulations SOP and the Cadet Student Manual. By enrolling in the YCA, I give consent to allow participation in all YCA sanctioned off-site training, and agree to voluntarily release and forever discharge YCA, its employees, agents, representatives, and volunteers from any and all claims of liability or damages incurred as a result there of, from the time of departure to the time of return to YCA facilities. It is understood that nothing in this policy is intended to, nor shall it be construed to, release any insurance company or third-party agency from any obligation to pay under any liability insurance or other benefit.

Parent/Guardian Initials _____ / _____ Student Initials _____

Term 11. Representation or Warranties – I understand that there are no representations or warranties upon which I have relied in deciding to enroll my cadet in the YCA, except as specifically contained within this agreement or written documents to which it may refer.

Parent/Guardian Initials _____ / _____ Student Initials _____

Term 12. Permission Statement – By my initials below, I hereby grant consent for YCA to provide my parent(s)/legal guardian(s) or sponsor(s) any information regarding academics and all other aspects of my involvement in the YCA program.

Student Initials _____

Term 13. Legal Contract to Enrollment Agreement – YCA and the undersigned parties are bound by the provisions of this Enrollment Agreement and all other written and signed agreements with YCA and terms contained therein as governed by the laws of the State of Hawaii and the National Guard Bureau. This agreement cannot be changed or modified without a mutually signed agreement between all parties involved.

STUDENT SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

SEARCH AND SEIZURE

JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
DEPARTMENT OF DEFENSE
KA 'OIHANA PILI KAUA
OFFICE OF THE ADJUTANT GENERAL
3949 DIAMOND HEAD ROAD
HONOLULU, HAWAII 96816-4495

January 13, 2025

SUBJECT: ACADEMY SEARCHES AND SEIZURE POLICY

ACADEMY Personnel will adhere and enforce the National Guard Youth Challenge Program Search and Seizure Standard Operating Procedures. Reference: C'NGBM 9350.01, 22 MAR 2023 and MEMO: National Guard Youth Challenge Program Cadet Search Procedures, 5 APR 2024, Hawaii Administrative Rules DOE Chapter 19

The Academy has a legitimate need to maintain order, discipline, and to provide a safe learning environment for all cadets and staff. In fulfilling this need, all trained Academy staff may on occasion carry out searches and seizures on-site if there are reasonable grounds to suspect, based on circumstances that the search will turn up evidence that the cadet or cadets have violated or are violating either the state law or the cadet conduct prohibited under this policy. Hawaii Administrative Rules DOE Chapter 19. All Academy staff will be trained on search and seizure procedures prior to supervising cadets.

All items listed below may be searched if there are reasonable grounds to suspect that the cadet or cadets have violated or are violating either state law, or the cadet conduct prohibited under this policy. The manner in which the search is to be conducted is reasonably related to the purpose of the search. The cadet who will be subjected to a search shall be informed of the purpose of the search and shall be given an opportunity to voluntarily relinquish the evidence sought by the Academy staff. The search and seizure procedures of the items listed below may be conducted during the following instances: AWOL, return from pass, return from appointment, return from a mission. If a cadet at any time is out of supervision by an Academy Staff outside of the confines of the Academy, the cadet may be subject for search.

The Director, Deputy Director, or the most Senior staff shall be informed by the Academy staff who will conduct the search, and that a search is to be conducted, and of the purpose of the search.

Unless it is an emergency where immediate action is necessary to protect the health and or safety of a person or person's:

1. Director will be notified; parents/guardians will be notified (by Director) to approve necessary associate person/ associates' persons search by a trained staff member. (approval from parents will be sent in the form of a text to the Director and/or via email to search their associate).
2. If not approved by parent/guardian, parents/guardians will need to be onsite to conduct their associate search themselves with a staff on standby for results.

Director and or Deputy Director will inform the parents, guardians and or next of kin of cadets on Search and Seizure policies before conducting the search.

a. PROPERTY & PERSONAL ITEM SEARCH:

- (1) Items that may be subject to search: Cadet lockers/ Footlockers, dresser, all YCA/JCA issued property, YCA/JCA residential rooms, personal belongings which includes backpacks, and hygiene items, clothing.

b. CADET PERSON SEARCHES:

- (1) During a Cadet search, all trained staff will utilize the Hands-Off Policy: C'NGBM 9350.01 ENCLOSURE G10 AND G11.
- (2) Trained staff will conduct searches in a private setting and must not require the cadet to pull clothing aside or disrobe to less than the minimum physical training (PT) uniform.
- (3) Trained staff will use a metal detecting wand, or equivalent, to facilitate searches of a cadet's person.
- (4) Trained staff must ALWAYS implement two-person integrity during searches.

c. HYGIENE INSPECTIONS:

- (1) Cadre will conduct weekly hygiene inspections to include:
 - a) Clean and trimmed finger and toenails.
 - b) Clean ears.
 - c) Clean teeth.
 - d) Eyes clear and not draining.
 - e) Cuts on arms (self-harm)
 - f) Body modification (homemade tattoos with ink or eraser burns) on arms, face or legs.
 - g) Blisters

During cadet hygiene inspections, Cadre will conduct searches in a private setting and will not require the cadet to pull clothing aside or disrobe to less than the minimum physical training (PT) uniform. Cadre will conduct hygiene inspections with another cadre or staff as a witness and for two-person integrity. All hygiene inspections will be documented of findings and provided to the commandant, to the Deputy Director, then Director.

YCA/JCA Medical personnel will be immediately notified if there are findings of medical concerns.

d. PROHIBITED SEARCHES:

- (1) Strip searches are prohibited
- (2) In the course of a search, the use of force against a cadet is prohibited unless the Academy Director believes that the force to be used is necessary to prevent harm to the health or safety, or both of a person or persons.
- (3) Hands off Policy violation must be prevented during all searches (touching or use of abusive language).

e. SEIZURE:

- (1) Seizure of contraband by trained academy staff will include:
 - a. Drugs, Vapes, Tobacco, Weapons, Chargers, food, money, and any item not on the approved check list. Admissions 2024 SOP
 - b. All trained staff will document their findings.
 - c. Staff will notify the supervisor on items found, supervisor will notify Deputy Director or Director. Director will notify cadet parent/ guardian on items confiscated from Cadet. The parents/guardians will schedule a time with staff to pick up confiscated items.

Supervising Deputy Attorney General

CADET NAME

PARENT/GUARDIAN SIGNATURE & DATE

CUSTODY AND ENDURANCE FORM



HAWAI'I NATIONAL GUARD YOUTH CHALLENGE ACADEMY

CUSTODY CONTACT FORM

Candidate Name: _____ DOB: _____

	FATHER/MALE GUARDIAN	MOTHER/FEMALE GUARDIAN
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
CUSTODY STATUS		

****PLEASE SUBMIT ANY COURT CUSTODY PAPERWORK AS NEEDED (DIVORCE/CUSTODY)**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
Authorized to Transport (21 yrs of age or older)	☐ YES ☐ NO	☐ YES ☐ NO

STATE JUDICIAL CONTACTS

	PROBATION OFFICER	SOCIAL WORKER
NAME		
DEPARTMENT		
TITLE		
OFFICE PHONE		
CELL PHONE		
EMAIL		

I have answered the questions truthfully and to the best of my knowledge. Any changes in status must be reported immediately to the Hawai'i National Guard Youth Challenge Academy "Admission Department."

Print Parent/Guardian: _____

Signature Parent/Guardian: _____ Date: _____

"This institution is an equal opportunity employer"



Release for Participation in Event or Activity

In exchange for participation in Endurance Day (the "Activity") organized by Youth Challenge Academy – Kalaeloa located at 1787, 91-1001 Shangrila St, Kapolei, HI 96707. I hereby agree as follows:

1. I and anyone claiming on my behalf, releases and forever discharges the Youth Challenge Academy and its affiliates, successors and assigns, officers, employees, representatives, partners, agents, and anyone claiming through them (collectively, the "Released Parties"), in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, damages, causes of action of any nature and kind, known or unknown, which I may have or claim to have against the Youth Challenge Academy of any of the Released Parties arising out of or relating to any injury, loss or damage to person and property that may be sustained as a result of participation in the Activity ("Claims").

2. I understand that participation in the Activity involves inherent risks, including risk of physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent paralysis and/or death, and I assume all related risks and voluntarily participate in the Activity.

3. I agree to indemnify the Youth Challenge Academy against any and all claims, actions, lawsuits, damages and judgments, including attorney's fees, arising out of or relating to my participation in the Activity.

4. This Release for Participation in the event or Activity shall not be in any way construed as an admission by the Youth Challenge Academy that it has acted wrongfully with respect to me or any other person, that it admits liability or responsibility at any time for any purpose, or that I have any rights whatsoever against the Youth Challenge Academy.

5. This Release shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I have the authority to release the Claims and have not assigned or transferred any Claims to any other party. The provisions of this release are severable. If any provision is held to be invalid or unenforceable, it shall not affect the validity or enforceability of any other provision. This Release constitutes the entire agreement between the parties and supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matter of this Release. This Release may not be altered, amended or modifies, except by a written document signed by both parties. The terms of this Release shall be governed by and construed in accordance with the laws of the State/Commonwealth of Hawaii.

6. I have carefully read and fully understand all the provisions of this release and am freely, knowingly and voluntarily entering into this Release.

Signatures

Signature of Candidate

Printed Name of Candidate

Date

Signature of Parent

Printed Name of Parent

Date

Signature of Releasee

Youth Challenge Academy
Printed Name of Releasee

Date

PARENT/GUARDIAN QUESTIONNAIRE

Parent/Guardian Interview Questionnaire



Name: _____ [check one] Parent: _____ Guardian: _____

Applicants Name: _____ Age as of today: _____ Gender: _____

FAMILY:

1. Describe your child's family dynamics & home living arrangements (Divorced, single parent, blended family, foster family, etc) _____

2. How is your child at home? How's the relationship between child & other family members: _____

3. Does your child engage in helping with chores? Does your child have a curfew? If not, why: _____

4. Are you in control of your child when it comes to discipline? Explain: _____

5. Do both parent/guardian and child agree to being enrolled into the Academy? Explain _____

Family Income (for statistics)

Less than \$15000	\$15000-\$250000	\$25000-\$35000	\$35000-\$45000	Over \$45000
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SCHOOL:

1. Does your child have any special needs of which we should be aware? IEP/504? _____

2. What is your child's academic strength & interest? (e.g. math, reading, writing, etc.) Explain: _____

3. What type of characteristics does your child have? (e.g. shy, talkative, opinionated, helpful, etc.) Explain: _____

RELATIONSHIPS:

1. Does your child have a boyfriend or girlfriend? If yes, list their name: _____

2. Do you have any relatives or know of any friends applying this cycle? If yes, please list the names: _____

3. Are there any concerns you would like to share about your child that we have not asked? _____

4. What are your concerns or fears about your child entering into the academy? _____

5. What do you hope your child will say after graduating the academy? _____

LEGAL:

1. Does your child have a Probation Officer? If yes, why: _____

2. Does your child have any pending charges or court dates? If yes, what is it & when: _____

3. Probation Officers name & contact number: _____

PARENT INVOLVEMENT

How will you continue to support your child while they are in the academy? _____

There will be mandatory monthly parent/guardian workshops. Please confirm that you will attend these workshops monthly?

☐ Yes, I confirm that I will participate in monthly parent workshops.

I understand that my child may be released for a Home Pass and I am responsible for their placement, for the duration of pass.

☐ Yes, I confirm

By signing below, I certify that to the best of my knowledge, all answers given are true & honesty and should any information be found to be falsified, my child will not be considered an applicant for this program.

PRINT FULL NAME OF PARENT/GUARDIAN

TODAY'S DATE

PARENT/GUARDIAN SIGNATURE

PLEASE EMAIL OR FAX TRANSCRIPT FORM & 4140 FORM
Email: carol.l.agbist@hawaii.gov or rogelio.c.tucay@hawaii.gov

Fax#: **808-673-7538**

If student is 18 years old 4140 form is **NOT** needed.

4140 & Transcripts

Please have your child's **4140 Form** and **Transcripts** transferred to their current school.

Important: Once an acceptance letter is received, please follow up with the school to ensure the 4140 Form is completed and submitted.

Transcripts may be sent immediately.

Once completed, Fax: **808-673-7538**.

Please ensure documents are **NOT** sent to (5) Homeschool.



State of Hawaii
DEPARTMENT OF EDUCATION
P.O. Box 2360
Honolulu, Hawaii 96804

EXCEPTIONS TO
COMPULSORY
EDUCATION

STUDENT _____ Student
Last First Middle I.D. No. _____ Birth Date _____ Age _____
Telephone Number _____ Address _____
Street City Zip
School _____ Complex Area _____ Grade _____

A. I hereby request that the above named child be withdrawn from school for the _____ school year in accordance with HRS §302A-1132.

Father/Guardian _____
(print or type name) Signature _____ Date _____

Mother/Guardian _____
(print or type name) Signature _____ Date _____

B. Indicate with a checkmark in the column the reason for withdrawal. Choose one (1) option.
1) Disability, 2) Employment, 3) Family Court Order 4) Alternative Education, 5) Homeschooling

☐	1) EXCEPTIONS DUE TO DISABILITIES Attach certificate of duly licensed physician.
☐	2) EXCEPTIONS DUE TO EMPLOYMENT After age 15. Attach verification of minor's employment status.
☐	3) EXCEPTIONS PURSUANT TO FAMILY COURT ORDER Attach court order.
☒	4) EXCEPTIONS FOR ALTERNATIVE EDUCATION Attach professional staff qualifications and child's instructional program. Program Name and Address Nā Kula Alakai Youth Challenge Academy 1787, 91-1001 Shangrila St, PO Box 75348, Kapolei, HI 96707 Phone 808-369-0186

Approval required for above reasons.
(Signed Form 4140 Form original sent to parents and copy filed at the school of record)

Principal	Complex Area Superintendent
____ Approval Recommended	____ Approval Recommended
____ Approval Not Recommended	____ Approval Not Recommended
Signature	Signature
Date	Date

5) HOMESCHOOLING The above named child will be homeschooled from: _____ (Date) _____
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Acknowledgment required for homeschooling.
(Signed Form 4140 original sent to parents and copy filed at the school of record)

Principal	Complex Area Superintendent
____ Acknowledged ____ Acknowledged with reservations	____ Acknowledged ____ Acknowledged with reservations
Signature	Signature
Date	Date

FOR HIGH SCHOOL'S OFFICIAL USE ONLY
Submitted by (Counselor's Name) : _____ Phone: _____ High School Code: _____

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

Kalaheo Campus
P.O. Box 75348
Kapelei, HI 96707-0348
Phone: (808) 673-7538
Fax: (808) 673-7538

Hilo Campus
P.O. Box 5210
Hilo, HI 96720
Phone: (808) 933-1922
Fax: (808) 933-3916

TRANSCRIPT REQUEST FORM

INSTRUCTIONS:

Applicant/Parent/Legal Guardian:

- 1) Fill in all information completely and clearly in black or blue ink.
- 2) Please ensure that this form is signed by both applicant and parent/legal guardian.
- 3) Submit this form to your high school by mail or in person. **DO NOT MAIL THIS FORM TO US AS IT WILL NOT BE FORWARDED TO YOUR SCHOOL.**

(NOTE: If you have any outstanding debts with your high school, they may require that you pay these debts before releasing your transcript to us. The Hawaii National Guard Youth Challenge Academy will not be involved in the collection of these debts but, we are requiring that your transcript be received prior to your interview date.)

Registrar:

- 1) Please provide us an "unofficial copy" of the applicant's academic record to include the following:
 - a) Transcript of course work through last marking/grading period.
- 2) Please mail transcripts to us at:
Attn: Admissions
Hawaii Youth Challenge Academy
P.O. Box 75348 Kapelei HI
96707-0348
- 3) Or fax to us at (808) 673-7538
Attn: Program Coordinator

Applicant Information				
Last Name		First Name		Middle
Address		City	State	Zip Code
Date of Birth	Age	Gender - Circle one		Social Security Number
/ /		Male Female		- -
Name of last high school attended		Address of high school		
Applicant Signature		Parent/Legal Guardian Signature		

**DO NOT SUBMIT THIS FORM TO YOUTH CHALLENGE!
YOU MUST SUBMIT IT TO YOUR HIGH SCHOOL**

4140 & Transcripts

Important: Once completed
please email or fax, Transcript
Request Form to the Admissions
Department

carol.l.agbist@hawaii.gov

v

or

rogelio.c.tucay@hawaii.gov

ov

Fax: 808-673-7538

DOD



WEBSITE

Nā Kula

Alaka'i Admission

Documents





Family Tree Project, LLP



Family Tree Onsite Support

Email or call to set up your first mandatory session:

- ADMIN@FAMILYTREEPROJECTHAWAII.COM
- hoomana.hi@gmail.com
- OFFICE: 808-520-8000.
- [Home](#)
- [Client forms](#)

Partner: Cory L. Nicolas, LMHC, MBA, NCC

Family Tree Project, LLP

P.O. Box 970010

Waipahu, HI 96797

808-457-2191

<http://familytreeprojecthawaii.com>

www.facebook.com/thefamilytreeproject

QUESTIONS?

Please contact our Recruiting, Admissions and or Mentor Department for further assistance.

RECRUITING:

Recruiter: Rogelio (Ricky) Tucay: (808) 685-7135

ADMISSIONS:

Admissions Specialist: Carol Agbisit (808) 685-7143

MENTOR DEPARTMENT:

Lead Case Manager: Neomi Sevaaetasi
(808) 685-7138





[Home](#) /

How to Apply

① STEP 1: Fill out Interest form for current recruiting class

[Sign up for Class 66 Today!](#)

② STEP 2: Watch Orientation video

Video will be displayed after interest form has been submitted, a copy will be sent to your email.

③ STEP 3: Fill out online application

[Nā Kula Alaka'i Youth Challenge Academy](#)

If you don't have consistent access to a computer, you can request a paper application by:

- **Email:** admissions.yca.oahu@hawaii.gov
- **Call:** (808) 369-0186
- or in person (Please call ahead): [YCA Kalaeloa map](#)

Important: If you have already submitted an Interest Form and watched the Orientation Video please skip STEPS 1 and 2.

You may now complete STEP 3 Create Your Account and submit an Application.

Apply Online

<https://dod.hawaii.gov/yca>

NA KULA ALAKA'I HAWAII NATIONAL GUARD YOUTH CHALLENGE



MAHALO