

**LOUISIANA NATIONAL GUARD
YOUTH CHALLENGE PROGRAM MENTOR APPLICATION**

MENTOR APPLICATION IS DUE ON OR BEFORE THE CYCLE BEGINS

Every Cadet must have a mentor to attend this program. This is a federal requirement. A mentor is an adult who will be a friend, advocate and role model to the young person. **WE DO NOT PROVIDE A MENTOR FOR ANY CANDIDATE.** We will assist you with suggestions and possible contacts for mentors.

QUESTIONS? CALL 318-641-5803 or 1-800-CAMP-KID

PLEASE MAIL, FAX, OR SCAN APPLICATION TO:

**FAX: Camp Beauregard - 318-641-5818
 Camp Minden - 318-641-5818
 Gillis W. Long Center - 225-319-4666**

MENTOR QUALIFICATIONS

- ◆ Age of 25 or older preferred. No one under 21. Please call for approval of individual less than 25 years of age.
- ◆ Must be the same gender as the youth being mentored
- ◆ **Must not be a parent, step-parent, or guardian of the cadet (can be grandparent, uncle, aunt, older sibling living outside of cadet home)**
- ◆ Must not live in the same household as the Youth Challenge cadet
- ◆ Must live close enough to the cadet's home to allow monthly contact after graduation from Youth Challenge
- ◆ Must be able to pass a criminal background check

MENTOR RESPONSIBILITIES

- ◆ Write letters/cards to cadet while he or she is living at Youth Challenge
- ◆ Attend one training session at the program site. Mentor will be with cadet on that day! Several dates will be offered on weekends and weekdays to choose from!
- ◆ Maintain personal contact with the cadet in hometown after their graduation
- ◆ Provide a monthly report by phone, mail, or email to Youth Challenge each month during the 12-month post-residential phase.
- ◆ Support Cadet's goals and provide guidance.

INSTRUCTIONS FOR COMPLETING MENTOR APPLICATION

- Youth Challenge Mentor Application: This information is about the mentor and should NOT be filled out about the cadet.
- 2 Mentor Reference Forms: Give the attached mentor reference forms to any adult friend or family member of the mentor to complete; the reference is **ABOUT THE MENTOR!**
- Mentor Liability Release & Position Summary: Read and sign the document on the bottom
- Authorization to Disclose Criminal Record: This needs to be filled out on the mentor and **NOT filled out on the cadet.** Any Questions on this page – please call.
- Submit all parts of application together including references. Cadet does not have a mentor until a complete application is submitted.

DATE: _____

YOUTH CHALLENGE MENTOR APPLICATION

(Please Print)

TITLE: _____ **NAME:** _____
(Mr., Ms, Mrs., Dr, Rank) (First) (Middle or Initial) (Last)

SS # _____ - _____ - _____ **ARE YOU A FORMER YCP MENTOR?** YES _____ NO _____
If yes, circle site: Camp Beauregard Camp Minden Gillis Long/Carville

NAME OF CADET YOU ARE APPLYING FOR: _____

RELATIONSHIP TO CADET (FRIEND, TEACHER, GRANDPARENT, ETC) _____

Mentor **SEX:** M F Mentor **DATE OF BIRTH:** ____/____/____ Mentor **RACE:** _____

OCCUPATION (PLEASE BE SPECIFIC): _____

CELL: (____) _____ **WORK PHONE:** (____) _____ **EXT** _____
 You may call me at work
 Please do not call me at work

HOME PHONE: (____) _____ **FAX NUMBER:** (____) _____ **BEST TIME TO CALL** _____

EMAIL ADDRESS: _____

MAILING ADDRESS: (please print)

(ADDRESS) (APT/LOT #) (CITY) (STATE) (ZIP)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

WOULD YOU BE WILLING TO MENTOR ANOTHER YOUTH IN YOUR AREA? YES NO

References: Give the attached Reference Response forms to the persons listed below to complete and return to you. Please return references with the rest of the application. Must have telephone number.

(1) **NAME:** _____ **PHONE NUMBER** _____

(2) **RELATIONSHIP:** _____

(3) **MAILING ADDRESS:** _____
(STREET, P.O. BOX, ETC.) (CITY) (STATE) (ZIP)

(1) **NAME:** _____ **PHONE NUMBER** _____

(2) **RELATIONSHIP:** _____

(3) **MAILING ADDRESS:** _____
(STREET, P.O. BOX, ETC.) (CITY) (STATE) (ZIP)

CADET NAME _____

MENTOR REFERENCE FORM

(To be completed by Reference Person about person applying to be a Mentor, not cadet)

_____ HAS VOLUNTEERED TO MENTOR A YCP CADET!
(MENTOR VOLUNTEER NAME)

He/she is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you answering the questions on this form as fully and carefully as you can. This information received will be kept in confidence.

How do you know the mentor volunteer? FRIEND RELATIVE WORK OTHER

Does the mentor volunteer have the qualities to be a role model? YES NO

Does he/she work well with others? YES NO

Does he/she take a commitment seriously and stand by it? YES NO

Would you want the mentor volunteer to mentor your child? YES NO

How would you rate him/her so far as the following are concerned? (Please rate each one 1 - 5: **1 = Poor; 5 = Excellent**)

PERSONAL HABITS _____
CHARACTER / MORALS _____
COMPASSION _____
EMOTIONAL STABILITY _____

RECEIVES CONSTRUCTIVE CRITICISM _____
HEALTH _____
COMPLETES COMMITMENTS _____
RELIABLE _____

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth?

Circle response: YES NO (if no, please explain or contact our office by phone!)

EXPLAIN _____

REFERENCE NAME: (print) _____

REFERENCE SIGNATURE: _____

REFERENCE PHONE # _____

Please return by Tuesday, JAN 2, 2019 to Post-Residential/Mentor Coordinator
503 E St. Camp Beauregard Pineville, LA 71360
Fax: 318-641-5818
Class #52

CADET NAME _____

MENTOR REFERENCE FORM

(To be completed by Reference Person about person applying to be a Mentor, not cadet)

_____ HAS VOLUNTEERED TO MENTOR A YCP CADET!
(MENTOR VOLUNTEER NAME)

He/she is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you answering the questions on this form as fully and carefully as you can. This information received will be kept in confidence.

How do you know the mentor volunteer? FRIEND RELATIVE WORK OTHER

Does the mentor volunteer have the qualities to be a role model? YES NO

Does he/she work well with others? YES NO

Does he/she take a commitment seriously and stand by it? YES NO

Would you want this individual to mentor your child? YES NO

How would you rate him/her so far as the following are concerned? (Please rate each one 1 - 5: **1 = Poor; 5 = Excellent**)

PERSONAL HABITS _____	RECEIVES CONSTRUCTIVE CRITICISM _____
CHARACTER / MORALS _____	HEALTH _____
COMPASSION _____	COMPLETES COMMITMENTS _____
EMOTIONAL STABILITY _____	RELIABLE _____

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth?

Circle response: YES NO (if no, please explain or contact our office by phone!)

EXPLAIN _____

REFERENCE NAME: (print) _____

REFERENCE SIGNATURE: _____

REFERENCE PHONE # _____

Please return by Tuesday, JAN 2, 2019 to Post-Residential/Mentor Coordinator
503 E St. Camp Beauregard Pineville, LA 71360
Fax: 318-641-5818
Class #52

MENTOR LIABILITY RELEASE & POSITION SUMMARY
Duties and Responsibilities of Mentor

- **Commits to spending at least 17 months in consistent contact with a cadet.**
- **Returns completed application promptly.**
- **Attends Mentor Day training unless approved exception to this requirement.**
- **During the POST RESIDENTIAL PHASE (after cadet graduates and returns home) makes consistent contact with the cadet by phone, mail, Email or in person. 4 hours of contact per month is required, with at least 1 face-to-face each month during the Post-Residential phase.**
- **Observes all Program policies and guidelines for mentors. Discusses violations of policies by cadet with post-residential staff.**
- **Discusses with the cadet his or her progress toward the fulfillment of the Post Residential Action Plan on a monthly basis.**
- **Refers the cadet to community resources as needed and helps the cadet obtain those resources.**
- **Shares occasional, informal, and fun activities with his or her cadet.**
- **Communicates monthly (by phone, email or Monthly Report) with the post-residential staff.**
- **Promptly informs the post-residential staff of problems or needs in the cadet's life or in their relationship.**

I understand and agree that I will be the one actually spending time with my matched corps-member, and that I must exercise care in supervising my corps-member while we are together. I also understand and agree that I am not a Challenge agent, and that I am responsible for choosing and conducting all activities with my corps-member, and that Challenge does not retain any power to control how these activities are conducted. I therefore agree that Challenge will not be liable for, and I agree to hold 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, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Challenge's negligence, or otherwise. I further release 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, whether such damage, loss or injury is caused by the negligence of Challenge, its officers, agents, servants, employees or otherwise.

SIGNATURE OF MENTOR**DATE**

CADET NAME _____

AUTHORIZATION TO DISCLOSE CRIMINAL RECORDS

POSITION APPLYING FOR:

Louisiana National Guard Youth Challenge Program Mentor

Applicant will be screened under the standards for: Volunteer working with Children

Facility or Agency requesting information: Louisiana Youth Challenge Program
503 E ST, Pineville, LA 71360

Facility or Agency Authorized Representatives: Geneva M. Harvey

(PLEASE PRINT THE FOLLOWING INFORMATION)

APPLICANT'S FULL NAME: _____
(LAST) (FIRST) (MIDDLE OR MAIDEN)

DATE OF BIRTH: _____ SEX: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

APPLICANT'S PHYSICAL ADDRESS (NO P.O. BOXES): _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature below, I hereby authorize the release of any or all local, state, or federal criminal records information maintained in files which may confirm or deny my eligibility for the position applied for with the facility or agency named above.

MENTOR APPLICANT SIGNATURE: _____