

Cadet Application

Admissions Criteria:

- 16-19 years of age on day of admission
- Citizen or Legal resident of the United States and Florida
- Be a Volunteer - Cannot be court ordered to attend
- Not charged, under indictment, or awaiting sentencing
- Not convicted of a felony or adjudication withheld
- Not on probation for other than misdemeanor offenses
- Free of illegal drugs
- Physically and mentally able to complete the program
- Be interviewed and attend orientation



Please return by mail to:

5629 State Road 16 West, Building 3800
Starke, Florida 32091-9703

Fax: (904) 682-3010

Admissions: (866) 276-9307 or (904) 682-4032, or 4033

Web-site: www.ngycp.org/state/FL

INSTRUCTIONS FOR COMPLETING THE APPLICATION PACKET

_____ **Cadet Application** The applicant must complete the Cadet Application to include the essay. Be sure to fill out all blanks completely. Please do not use abbreviations of cities. This form must be signed by both, the applicant and the parent /guardian if the child is under 18. Parents/Guardians or others may include a Letter of Recommendation if they would like to bring any special circumstances to the attention of the Review Board.

_____ **Consent for Release of Confidential Information** This form must be notarized.

_____ **Physical.** The applicant may complete Parts 1, 2 and 2A. A current school physical is acceptable in lieu of Part 3 if it was completed within six months of the class start date. A letter stating that you have not been treated by a physician or hospitalized since the date of the school physical must be included. Schedule a physical with your doctor if you do not have a school physical to complete Part 3. These forms are required for the Review Board to physically qualify you for the Academy.

_____ **TABE** The applicant must take the Test of Adult Basic Education (TABE). This test is administered at different locations in different counties. The easiest way to determine where it is offered in your county is to call your local school board office and ask for the Office of Adult Education. They will know where in the county it is offered. Our Education Department requests that Survey Level "A", Form "9" or Form "10" be taken.

_____ **Copy of State of Florida Driver License "or" State of Florida I.D. Card.** Both are available at the Department of Motor Vehicles (DMV). Before going to the DMV, call to find out what documentation they require. *A faxed copy is acceptable for the Review Board, but please mail a clear copy.*

_____ **Copy of Social Security Card** If you have lost the card, forward a copy of your request to the Social Security Administration for the replacement card. The request must have the social security number on the form. *A faxed copy is acceptable for the Review Board, but please mail a clear copy.*

_____ **Copy of Birth Certificate** *A faxed copy is acceptable for the Review Board, but please mail a clear copy.*

_____ **High School Transcripts/Individual Education Plan (IEP).** Official school transcripts from the last school attended. Most transcripts have immunization information/records included. If your transcript does not have current immunization information, please provide a separate immunization record. If you have an Individual Education Plan (IEP), please forward a copy with your transcript.

_____ **Mentor Application.** You must give this packet to an individual that will help you in your efforts during the challenge. This person must complete the application. The mentor will need to send the Mentor Application, the Mentor Liability Release, the Mentor Authorization and Consent for Release of Information, a copy of his/her Driver License, Social Security Card and a local Police record check in order for the application to be considered by the Review Board.

*Once the application is complete and returned to us, it will be forwarded to the Review Board. If the Review Board requires additional information, you will be contacted. You will be required to attend an interview and orientation. You will be notified of the dates and times. Questions about the **Cadet Application** may be addressed to hawthorne.herbert@fl.ngb.army.mil or daniel.paul@fl.ngb.army.mil or call 904-682-4032, or 4033.*

Mail your applications to: Florida Youth ChalleNGe Academy **Or, FAX to:** (904)682-3010
Attn: RPM, Admissions
5629 State Road 16 West, Bldg 3800
Starke, FL 32091-9703

Florida Youth Challenge Academy

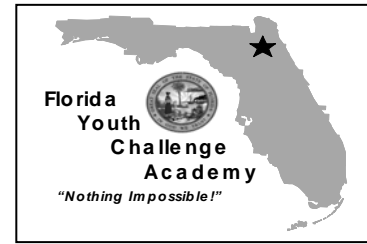
5629 State Road 16 West, Building 3800

Starke, Florida 32091-9703

Toll Free Phone: 1-866-276-9304

Phone: (904) 682-4032 or 4033; Fax: (904) 682-3010

http:// www.ngycp.org/state/fl



Cadet Application Form

Social Security Number: _____ Place of Birth: _____

Last Name: _____ First Name: _____

Middle Name: _____ JR SR I II III US Citizen (Circle One): Yes No

Date of Birth: _____ Current Age: ____ Gender (Circle One): Male Female

Ethnicity (Circle One): American Indian/Alaskan Native

Asian/Pacific Islander Black not of Hispanic Origin

Hispanic Other White not of Hispanic Origin

Married (Circle One): Yes No Does Applicant have any Children? (Circle One) Yes No

Number of People in the household: ____ Family Income: _____

Do you have an Individual Education Plan (IEP)? (Circle One): Yes No (If yes, forward a copy)

Are you in the Exceptional Student Education Program (ESE)? (Circle One): Yes No (If yes, forward a copy)

Cadet Home Address Information

Home Phone: (____) ____ - ____ Work Phone: (____) ____ - ____, ext: _____

E-mail: _____ Fax: (____) ____ - ____ Cell: (____) ____ - ____

County: _____ Years lived in Florida: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cadet Substance Use

How often do you (circle all that apply):

Smoke cigarettes? None Pack/Week Pack/Day 2Packs/Day

Use smokeless tobacco? Never 1Can/Day 2Cans/Day 3Cans/Day

Smoke marijuana? Never Once a Month Once a Week Daily

Use Other___? Never Once a Month Once a Week Daily

Drink alcohol? Never Once a Month Once a Week Daily

Use cocaine? Never Once a Month Once a Week Daily

Parent/Guardian Information

Relationship: (Circle One) Grandparent, Legal Guardian, Other, Parent, Sibling, Spouse, Stepparent

Circle One: Mr. Mrs. Miss Ms.

Last Name: _____ **First Name:** _____

Middle Name: _____ JR SR I II III

Home Phone: (____) ____-____ **Work Phone:** (____) ____-____, **ext:** _____

E-mail: _____ **Pager:** (____) ____-____ **Cell:** (____) ____-____

Authorized for Pick-up (Circle One): Yes No

Custodial Parent Legal Guardian (Circle One): Yes No

Emergency Contact Person (Circle One): Primary Secondary No

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Other Parent/Guardian Information

Relationship: (Circle One) Grandparent, Legal Guardian, Other, Parent, Sibling, Spouse, Stepparent

Circle One: Mr. Mrs. Miss Ms.

Last Name: _____ **First Name:** _____

Middle Name: _____ JR SR I II III

Home Phone: (____) ____-____ **Work Phone:** (____) ____-____, **ext:** _____

E-mail: _____ **Pager:** (____) ____-____ **Cell:** (____) ____-____

Authorized for Pick-up (Circle One): Yes No

Custodial Parent Legal Guardian (Circle One): Yes No

Emergency Contact Person (Circle One): Primary Secondary No

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cadet School Information

Date Last Attended: _____ **What was the last grade completed?** 6 7 8 9 10 11

Type of School:(Circle One) High School, Jr. High School, Charter, Alternative, Job Challenge, Other

School Name: _____ **School Address:** _____

School Point of Contact: _____ **Job Title:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) ____ - _____ **Fax:** (____) ____ - _____

Were you expelled or did you withdraw? _____

Why? _____

Cadet Juvenile Justice Background

Have you ever been arrested for anything other than a traffic violation? Yes No

If yes, explain: _____

Have you ever been in front of a judge? Yes No

If yes, explain: _____

Probation officer: _____ **Phone:** (____) ____ - _____

Are you awaiting trial? Yes No

If yes, explain: _____

Were you ever convicted of a felony or was adjudication withheld? Yes No

If yes, explain: _____

Are you currently on probation? Yes No

Cadet Employment/Community Service

Have you ever been employed? Yes No

Where? _____

How long? _____

Why did you leave? _____

Could you go back to that job after you leave the Academy? Yes No

Have you ever done any community service? Yes No

Who was it with? _____

Did you enjoy it? _____

Why did you do it? _____

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

I, the above named, authorize the Florida Juvenile Justice Department to exchange information with the Florida National Guard Youth Challenge Program regarding the following:

All pertinent information including substance abuse history, referral history, court status, social and family information, for the purpose of coordination of services.

I understand that my records are protected under the Federal/State regulations/statutes and can not be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. granted parole/probation, etc., contingent on this consent) and that in any event this consent expires automatically as described below. Specification if the date, event or conditions upon this consent expires:

Executed this date _____ of _____, 200__.

Applicant Signature

Parent/Guardian Signature

(To be completed by a Notary Public)

STATE OF FLORIDA,
COUNTY OF _____:

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____

(NOTARY SEAL)

Signature of Notary of Public-State of Florida

Name of Notary Typed, Printed, or Stamped

Personally known _____ OR Produced Identification _____.

Type of Identification Produced. _____

Part 1

HEALTH HISTORY

DATE: _____ DOB _____

Height: _____ Weight: _____

Applicant: _____

SSN/ID NUMBER: _____

Part 2

| HAVE YOU EVER HAD OR DO YOU NOW HAVE: | | YES | NO |
|---------------------------------------|--|-----|----|
| 1 | Allergies: (List) | | |
| | Medication: | | |
| | Foods (nuts, milk, fish): | | |
| | other (ie..wool) : | | |
| 2 | Allergic to Insect stings? (bee or wasp) | | |
| | Anaphylactic Shock Reaction? If yes, need to provide an Epi-Pen. | | |
| 3 | Skin rash or problem? | | |
| | Where & what do you use? | | |
| | Do you have acne problems? | | |
| | What medicine do you use? | | |
| 4 | Seizures of any kind: | | |
| | Epilepsy, convulsions? | | |
| | What kind of medication? | | |
| | Last seizure: | | |
| 5 | Head injury or head problem: (including skull fracture) | | |
| | Date of accident or problem: | | |
| | Experienced Unconsciousness? | | |
| | Fainting? | | |
| 6 | Headaches? | | |
| | Are they frequent or severe? | | |
| 7 | Does the person walk or talk during their sleep? Explain: | | |
| | Any problems with vision? | | |
| 8 | Wear glasses/contacts? (Bring eyeglasses | | |
| | no matter how old along with contacts) | | |
| | Color blind? | | |
| | Difficulty seeing at night? | | |
| | Double vision? | | |
| 9 | Eye surgery, injury, or other condition? | | |
| | Hearing difficulties? | | |
| | Perforated ear drum, tubes in the ear, ear surgery, loss of hearing? | | |
| | Which ear? | | |
| 10 | What happened? Explain: | | |
| | Nose injury? | | |
| | Snoring? | | |
| | Difficulty breathing through the nose? | | |
| 11 | Throat problems? | | |
| | Tonsillitis frequently? | | |
| | History of strep throat? | | |
| | Difficulty breathing when asleep? | | |

| HAVE YOU EVER HAD OR DO YOU NOW HAVE: | | YES | NO |
|---------------------------------------|---|-----|----|
| 12 | Problems with mouth or teeth? | | |
| | Braces? | | |
| | Retainers? | | |
| | Caps? | | |
| 13 | Partials? | | |
| | When was your last dental visit? DATE: | | |
| | Wisdom teeth ? | | |
| | Gum infection? | | |
| 14 | Heart problem or heart murmur? | | |
| | Injury or Illness? | | |
| | Do you take medications for this? | | |
| | Irregular heartbeat? | | |
| 15 | Heart surgery? | | |
| | Do you have high blood pressure? | | |
| | If so, what medication do you take for high blood pressure? | | |
| | Asthma, wheezing or inhaler use? | | |
| 16 | Medication? | | |
| | Do you use a Preventer? (Advair) | | |
| | A lung or breathing problem? | | |
| | What: | | |
| 17 | When: | | |
| | Tested positive for Tuberculosis? If yes, was a chest X-Ray done? | | |
| | List results on last page. | | |
| | Diabetic? At what age? _____ | | |
| 18 | Insulin dependant? | | |
| | Medication? | | |
| 19 | Thyroid problems? | | |
| | Arthritis, Lupus? | | |
| 20 | Anemia? (any blood disorder) | | |
| | Ulcer? | | |
| 21 | Stomach problems? Explain: | | |
| | Hiatal Hernia or reflux? | | |
| | Intestine problem, bowel obstruction, chronic constipation, IBS? | | |
| | Chron's disease or colitis? | | |
| 22 | Kidney problems? What? | | |
| | Frequent urination? | | |
| | Frequent infections? | | |
| | Surgery or trauma? | | |
| 23 | Kidney stones or UTI recurrently | | |
| | Bladder problems? | | |

Psychological History

Part 2A

Name of Applicant _____

Are you now or have you ever:

Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason. NO _____ YES _____ **if Yes, please provide a copy of the most recent written report.**

Seen (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage or any other problem, to include depression, or treatment for alcohol, drug or substance abuse. NO _____ YES _____ **if Yes, please provide a copy of the most recent written report.**

Been evaluated, treated, or hospitalized for alcohol abuse, dependence or addiction suicide attempts, self mutilation or violent behavior.
NO _____ YES _____ **if Yes, please provide a copy of the most recent written report.**

Been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances.)
NO _____ YES _____ **if Yes, please provide a copy of the most recent written report.**

Been evaluated, treated for sexual or physical abuse? NO _____ YES _____ **if Yes, please provide a copy of the most recent written report.**

Been evaluated, treated mentally for speech, mood and anxiety disorders, thought process, association, ideations, hallucinations, Schneiderian symptoms or paranoia? No _____ Yes _____ **if Yes, please provide a copy of the most recent written report.**

Taken medications, drugs, or any substance to improve attention, behavior, or physical performance. NO _____ YES _____ **if Yes, please list name of Medications?**

Taken any Psychotropic medications in the past two years? NO _____ YES _____ **if Yes, please list name of medications.**

PHYSICAL EVALUATION (continued)

PART 3 PHYSICAL SCREENING EVALUATION (TO BE COMPLETED BY PHYSICIAN)

Date of Exam: _____ Date of Birth: _____

Applicant: _____

Weight: _____ Height: _____ Pulse: _____ Blood Pressure: _____ / _____

Visual Acuity: Right 20/ _____ Left 20/ _____ Corrected: Yes
 No

Pupils: Equal Unequal

| FINDINGS | NORMAL | ABNORMAL | INITIALS |
|------------------------|--------------------------|--------------------------|----------|
| Appearance | | | |
| Eyes/Ears/Nose/Throat | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lymph Nodes | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pulses | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Genitals (males only) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Musculoskeletal | | | |
| Neck | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Back | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Shoulder/Arm | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Elbows/Forearm | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Wrist/Hand | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Hip/Thigh | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Knee | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Leg/Ankle | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Foot | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

ASSESSMENT

Cleared without limitation.

Not cleared for Florida Youth Challenge Academy. Reason: _____

Recommendations: _____

Title of Health Care Provider: (Print/Stamp): _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine & American Osteopathic Academy for Sports Medicine.

Mentor Application

To apply to be a mentor you must:

- Be same gender as cadet
- Must attend one day of training at FLYCA
 - Not living in same household as cadet
- Reside within a reasonable distance of cadet
 - Be 25 years of age or older
- Be a United States citizen or Legal Resident
 - **Not** be relative of the cadet



5629 State Road 16 West, Building 3800
Starke, Florida 32091-9703
Fax: (904) 682-3010

Mentor Coordinator/Case Managers: (904) 682-4028, 4017,
4018, or 4031

Web-site: www.ngycp.org/state/FL

MENTOR APPLICATION INSTRUCTIONS

To become a Mentor you must:

- Not live in the same household as the Cadet (Cannot be a relative, boyfriend/girlfriend, ChalleNGe staff or spouse)
- Be same gender as the Cadet
- Be 25 years of age or older
- Reside within a reasonable distance of the Cadet
- Be a resident of Florida and citizen of the United States, or legal resident

A Mentor must be willing to:

- Agree to a National Background Check.
- Attend one Mentor training to be held at Florida Youth Challenge Academy (see below for more details)
- Make weekly contacts by phone or mail with your Cadet after you have been trained and matched while Cadet is at Florida Youth Challenge Academy (see the below for more details)
- Make weekly contacts by phone, mail, email, or face-to-face with your Cadet after they complete the Residential portion of the program (see below for more details)
- Mail or e-mail a monthly report to Florida Youth Challenge Academy on the progress of your Cadet

The Mentor Acceptance Process:

Once the Recruitment Placement and Mentor Office receives your application, there are a few steps to acceptance. They are as follows:

1. Receive completed application packet.
2. Complete a Mentor Questionnaire once the candidate has been accepted. (This is also where you choose the date you would like to attend our Mentor training day).
3. Send off reference checks.
4. Acceptance/Denial letters are sent out
5. Calls are made to remind you of the day you chose to attend.
6. Two weeks prior to the day of training that you have chosen information and pass will be mailed out.

Mentor Day:

Mentor Day will be offered on two occasions during the Residential Phase in order to accommodate all the Mentors. You will only be required to attend one of these events. There are three mini-events that encompass Mentor Day. The day begins with Mentor Training.

During the training you will hear from past Mentors, get the opportunity to network with other Mentors and meet all the Staff who will be supporting you and your Cadet. There will be lunch during training. After training is complete, there will be a ceremony.

The Matching Ceremony: This is when the Mentor and the Cadet or as is known on this day, the Mentee make a vow to work together and use the skills they have both learned—the Cadet has also gone through a course in being an effective Mentee. Pictures are taken, a contract is signed, vows are read to each other, and a pin commemorating the day is exchanged. This is a very big day for the Cadets and the entire campus takes part in this event. Once this ceremony is complete, the third mini-event begins.

Mentor/Cadet Relationship:

As a Florida Youth ChalleNGe Mentor, you will be expected to maintain contact once you are matched, during the Residential Phase and all 12 months of the Post-Residential phase.

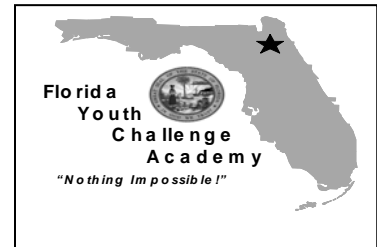
During the Residential or Challenge Phase, communication is primarily letters and telephone calls. You are expected to write your Cadet at least one letter per week and he or she is expected to do the same. Once Mentors are matched, you are encouraged to visit your Cadet at the Academy but it is *NOT* required. *The only trip you are required to make to the Academy is Mentor Day.*

Once the Cadet graduates and enters the Post-Residential Phase, the Mentor maintains contact with their Cadet at least four times per month. At least two (2) of those contacts must be face-to-face. At the end of each month a report must be submitted to the assigned Case Manager indicating what took place at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must also notify the Mentor Coordinator if there are any changes in address, phone number, or significant problems with their Cadet.

Before mailing PLEASE check to make sure you have the following :

- ____ Mentor Application
- ____ Mentor Liability Release (signed and notarized)
- ____ Mentor Authorization and Consent for Release of Information (signed and notarized)
- ____ Legible Copy of Drivers License (please mail copy)
- ____ Legible Copy of Social Security Card (please mail copy)
- ____ Local Police Record Check

Florida Youth Challenge Academy
5629 State Road 16 West, Building 3800
Starke, Florida 32091
Mentoring Office: (904) 682-4028, 4017, 4018, or 4031
Fax: (904) 682-3010
[http:// www.ngycp.org/state/FL](http://www.ngycp.org/state/FL)



Mentor Application Form

Name of Cadet to Mentor: _____

Mentor's Last Name: _____ JR SR I II III **Maiden Name:** _____

First Name: _____ **Middle Name:** _____

Gender (Circle One): Male Female

Ethnicity (Circle One)*: American Indian/Alaskan Asian/Pacific Islander

Black not of Hispanic Origin Hispanic Multiracial Other

White not of Hispanic Origin

Marital Status: Married Divorced Single Widowed

Date of Birth: _____ **Age:** _____ **Place of Birth:** _____

Social Security Number _____ - _____ - _____ **Length of time lived in Florida:** _____

Driver's License Number: _____

State: _____ **Expiration Date:** _____

Spouse's Name: _____ **Number of Children:** _____

Miscellaneous

Do you have your own transportation? Yes No

Automobile Insurance Company: _____

If no, do you have access to transportation? Yes No

Have you ever been involved in, investigated for, arrested and/or convicted of a crime?
 No Yes If yes, please explain: _____

*WILL BE USED FOR STATISTICAL DATA ONLY

I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM AND AM IN GOOD HEALTH. I AM NOT, NOR WILL I BE, DRUG OR ALCOHOL DEPENDENT DURING MY MENTORSHIP. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES TO MY APPLICATION INFORMATION TO THE YOUTH CHALLENGE ACADEMY.

Applicant's Signature

Date

Florida Youth Challenge Academy

Name of Cadet: _____

| |
|---------------------------------|
| Mentor Liability Release |
|---------------------------------|

I understand and agree that I will be the one actually 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 Florida Youth Challenge Academy agent. I am responsible for choosing and conducting all activities with my cadet, and that the Florida Challenge Academy does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Florida.

I therefore agree that the Florida Youth Challenge Academy will not be liable and I agree to hold the Florida Youth Challenge Academy 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 Florida Youth Challenge Academy's negligence or otherwise.

I further release the Florida Youth Challenge Academy 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 the Florida Youth Academy, its officers, agents, servants, employees or otherwise.

SIGNATURE

PRINTED OR TYPED NAME

DATE

(This section to be completed by a Notary Public)

STATE OF FLORIDA,
COUNTY OF _____,

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

My commission expires: _____

Signature-Notary Public

Florida Youth Challenge Academy

Name of Cadet: _____

| |
|--|
| Mentor Authorization and Consent For Release Of Information |
|--|

I, _____, hereby authorize the Florida Youth Challenge Academy,
(Please print First name Last name)
along with the law enforcement departments, Florida Department of Military Affairs, the National Guard Bureau and Clay County District School System, to conduct whatever background search and any other reporting for tracking data that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Florida Youth Challenge Academy.

I fully understand that the information collected may be of a sensitive, confidential and privileged nature, and may reflect upon my suitability, I hereby release the Florida Youth Challenge Academy and its agents from the liability and damage that may result from the exchange of requested information between law enforcement department and the Youth Challenge Academy.

SIGNATURE

PRINTED OR TYPED NAME

DATE

(This section to be completed by a Notary Public)

STATE OF FLORIDA,
COUNTY OF _____,

The foregoing instrument was acknowledged before me on this _____ day of _____,
20____, by _____.

My commission expires: _____

Signature-Notary Public