

# 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) 276-9304 or (904) 682-4032, or 4033

**Web-site:** [www.ngycp.org/state/FL](http://www.ngycp.org/state/FL)

# FLORIDA YOUTH CHALLENGE ACADEMY REVIEW BOARD PACKET CHECKLIST

APPLICANT'S NAME: \_\_\_\_\_  
Last/First/MI/Suffix

\_\_\_\_\_ **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. If the applicant is under 18, then this form must be signed by both the applicant and the parent or guardian. Letters of recommendation may be included if you would like to bring special circumstances to the attention of the Selection Board.

\_\_\_\_\_ **Adult Background:** If the applicant is 18 years old or older, an adult background must be submitted. Your local police station, sub-station or sheriff's office should be able to provide this. A form or letter is acceptable.

\_\_\_\_\_ **Consent for Release of Confidential Information:** The form must be notarized.

\_\_\_\_\_ **TABE:** The applicant must take the Test of Adult Basic Education (TABE). The education department requests that Survey "A", Level "7 or 9" be taken. To take the exam, check with your Adult Education Center, Community College, or VOTECH. If you still require assistance in determining where the test is given, call your local school board office and ask for the Adult Education Office.

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

\_\_\_\_\_ **Copy of State of Florida Driver License or State of Florida I.D. Card:** Both are available at the Department of Motor Vehicles (DMV). Call the DMV to find out what documentation is required. *A faxed copy will be acceptable for the Review Board, but **also mail a clear copy.***

\_\_\_\_\_ **Copy of Social Security Card:** *A faxed copy will be acceptable for the Review Board, but **also mail a clear copy.*** If you have lost the card, forward a copy of your request to the Social Security Administration for a replacement card (the form must indicate your social security number).

\_\_\_\_\_ **Copy of Birth Certificate:** *A faxed copy will be acceptable for the Review Board, but **also mail a clear copy.***

\_\_\_\_\_ **Copy of Medical Insurance Card:** *A faxed copy will be acceptable for the Review Board, but **also mail a clear copy.***

\_\_\_\_\_ **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 nine 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.

\_\_\_\_\_ **Mentor Application (See Mentor Checklist)** You must give this packet to an individual that will help you in your efforts during the 5 1/2 months that you are at Camp Blanding and for the 12 months after you complete residential phase. The Mentor completes this application and returns it to us or gives it to you to forward with your application. *The mentor may not be a relative of the cadet applicant. The applicant must be involved in the choice of his/her mentor.*

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\_\_\_\_\_ **YOUR APPLICATION PACKET CANNOT BE FORWARDED TO THE REVIEW BOARD. SEND ALL OF THE DOCUMENTS LISTED ABOVE.**

\_\_\_\_\_ **YOUR APPLICATION IS BEING FORWARDED TO THE REVIEW BOARD. SEND ANY DOCUMENTS THAT ARE NOTED. YOU WILL BE CONTACTED BY THE BOARD MEMBERS IF THEY REQUIRE ADDITIONAL INFORMATION. UPON COMPLETION OF THE BOARD REVIEW, YOU MAY BE CONTACTED FOR AN INTERVIEW WITH THE DIRECTOR.**

**Mail Documents to:** Florida Youth Challenge Academy      **or, FAX to:** 904-682-3010, alternate 904-682-3990  
Attn: RPM - Admissions  
5629 State Road 16 West, Building 3800  
Starke, FL 32091

# Florida Youth Challenge Academy

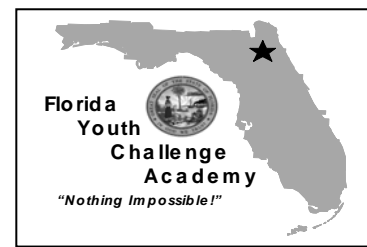
5629 State Road 16 West, Building 3800

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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
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. \_\_\_\_\_

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?		
4	What medicine do you use?		
	Seizures of any kind:		
	Epilepsy, convulsions?		
5	What kind of medication?		
	Last seizure:		
	Head injury or head problem: (including skull fracture)		
	Date of accident or problem:		
6	Experienced Unconsciousness?		
	Fainting?		
	Was it related to an injury or heat?		
7	Headaches?		
	Are they frequent or severe?		
8	Does the person walk or talk during their sleep? Explain:		
	Any problems with vision?		
9	Wear glasses/contacts? (Bring eyeglasses no matter how old along with contacts)		
	Color blind?		
	Difficulty seeing at night?		
	Double vision?		
	Eye surgery, injury, or other condition?		
	Hearing difficulties?		
10	Perforated ear drum, tubes in the ear, ear surgery, loss of hearing?		
	Which ear?		
	What happened? Explain:		
11	Nose injury?		
	Snoring?		
12	Difficulty breathing through the nose?		
	Throat problems?		
	Tonsillitis frequently?		
	History of strep throat?		
13	Difficulty breathing when asleep?		

HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
12	Problems with mouth or teeth?		
	Braces?		
	Retainers?		
13	Caps?		
	Partials?		
	When was your last dental visit? DATE:		
	Wisdom teeth ?		
14	Gum infection?		
	Heart problem or heart murmur?		
	Injury or Illness?		
15	Do you take medications for this?		
	Irregular heartbeat?		
	Heart surgery?		
	Do you have high blood pressure?		
16	If so, what medication do you take for high blood pressure?		
	Asthma, wheezing or inhaler use?		
	Medication?		
17	Do you use a Preventer? (Advair)		
	A lung or breathing problem?		
18	What:		
	When:		
19	Tested positive for Tuberculosis? If yes, was a chest X-Ray done?		
	List results on last page.		
20	Diabetic? At what age? _____		
	Insulin dependant?		
	Medication?		
21	Thyroid problems?		
	Arthritis, Lupus?		
22	Anemia? (any blood disorder)		
	Ulcer?		
23	Stomach problems?		
	Explain:		
	Hiatal Hernia or reflux?		
24	Intestine problem, bowel obstruction, chronic constipation, IBS?		
	Chron's disease or colitis?		
25	Kidney problems? What?		
	Frequent urination?		
26	Frequent infections?		
	Surgery or trauma?		
27	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
<b>Appearance</b>			
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"/>	_____
<b>Musculoskeletal</b>			
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](http://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.

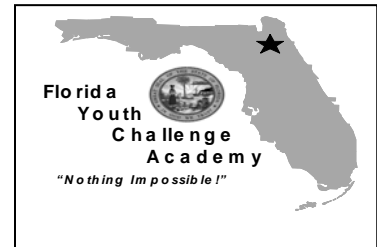
During the Residential or Challenge Phase, communication is primarily letters and telephone calls. You are expected to write your Cadet at least one letter per week and he or she is expected to do the same. Once Mentors are matched, you are encouraged to visit your Cadet at the Academy but it is *NOT*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

**Circle One:** Mr. Mrs. Miss Ms.

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

<b>Mentor Liability Release</b>
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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

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(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