

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.

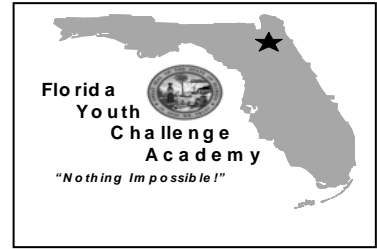
During the Residential or Challenge Phase, communication is primarily letters and telephone calls. You are expected to write your Cadet at least one letter per week and he or she is expected to do the same. Once Mentors are matched, you are encouraged to visit your Cadet at the Academy but it is *NOT* 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
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Starke, Florida 32091
Mentoring Office: (904) 682-4028, 4017, 4018, or 4031
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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: _____

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
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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 date 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