



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE PROGRAM
BUILDING 80
CAMP SHELBY, MISSISSIPPI 39407-5500

Dear Potential Mentor,

Thank you for your interest in becoming a mentor for one of our cadets. A mentor is simply someone who will be a friend to the cadet during the residential phase of the program and when the cadet returns to his/her community.

In many instances, the mentor serves as a bridge between success and failure in the youth's life. The mentor must be a mature adult (at least 21 years of age), of the same gender, but not a relative, and live within commuting distance of his/her cadet. Please review and sign the attached Mentor Job Description. Each potential student must have two completed mentor applications on file before they are enrolled into the program.

As a mentor, you are required to come to Camp Shelby, south of Hattiesburg, on one of four occasions to participate in "Mentor Day". During Mentor Day, you will attend a three and a half hour Mentor Training Class. After the class, you and your cadet may leave the post and participate in an activity of your choice. During the five month Residential Phase, we strongly encourage you to write to your cadet. When the cadet completes the program and returns home, as the mentor you are required to contact the graduate four times per month. These contacts may be by letter, telephone, email or in person. You are encouraged to make sure that at least one of these contacts is in person.

The National Guard Bureau requires us to complete a background investigation on all potential mentors. Please fill in all blanks of the mentor application and have two individuals who have known you for at least two years complete the attached Reference Response Form. Enclosed you will find two properly addressed envelopes to allow these forms to be returned to this office.

The administration and staff at the Youth ChalleNGe Academy thank you for your assistance, and we look forward to communicating with you in the future. If you have any questions, please contact Ms. Sonja Edwards at (601) 558-2456, email: sedwards@msyouthchallenge.org or on the toll free line at 1-800-507-6253.

Sincerely,

A handwritten signature in cursive script that reads "William L. Crowson".

WILLIAM L. CROWSON
Director, YCP

YOUTH CHALLENGE PROGRAM
BUILDING 80
CAMP SHELBY, MS 39407-5500
MENTOR APPLICATION

Last Name: _____ First Name: _____ Middle Name: _____

Suffix: _____ Application Date: _____

Name of Student who you will mentor: _____

Relationship to Cadet: _____

Gender: _____ Male _____ Female Ethnicity: _____ Marital Status: _____

Date of Birth: _____ SSN: _____ Drivers License #: _____

Occupation: _____ Employer: _____ Work Status: _____

Home Phone: _____ Work Phone: _____, ext. _____

Email Address: _____ Fax Number: _____

Cell Phone: _____ Pager: _____

Mailing Address: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____ County: _____

1. Past experience with children/youth:

2. Why do you wish to become a volunteer with ChalleNGe (be specific)?

3. Health: Poor _____ Fair _____ Good _____ Excellent _____

Any physical limitations or special concerns? _____

Are you taking medication on a regular basis? _____

Any known allergies? _____

4. Have you ever sought counseling/therapy or treatment for any reason? Date(s) _____

Describe: _____

5. Explain your present use of alcohol or any other drugs.

6. Explain your past use of alcohol or any other drugs.

7. Do you have a valid driver's license? Yes ___ No ___ DL# _____

8. Do you have proper liability insurance as required by law? Yes ___ No ___ Insurance
Provider: _____

Policy Number: _____

9. Do you have your own transportation? Yes ___ No ___ License# _____

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

Describe _____

a. Please describe your driving record and offenses.

b. I will promptly report to ChalleNGe any changes in my insurance coverage or driver's
license status.

Signature _____ Date _____

10. Have you ever been convicted of a crime? Yes ___ No ___ If yes, please explain.

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

11. What attitudes and beliefs are of special importance to you?

12. Please list interests, hobbies, and activities you enjoy.

13. Do you own a computer? Yes or No

This information is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

MENTOR JOB DESCRIPTION

Position Summary

The Mentor serves as a role model, friend, and advocate to a one of our students for at least 17-months.

Duties and Responsibilities:

The Mentor:

- Commits in good faith to spending at least 17-months in consistent contact with mentee.
- Cooperates with the mentor selection process by returning screening materials promptly.
- Attend a 3.5 hour **Worldview Mentor Training** at the Program Site to learn how to relate effectively to the mentee (graduation requirement).
- Assist the mentee with the Post-Residential Action Plan (P-RAP) development and discusses with the mentee his or her progress in that plan.
- Makes consistent contact with the mentee by phone, mail, or in person. Four contacts per month is the standard requirement. At least two of these must be a face to face visit during the Post-Residential Phase (after completion of program).
- Observes all program policies and guidelines for mentors. Discusses possible violaton of policies with the Case Manager or Mentor Coordinator.
- Refers the mentee to other community resources when appropriate, and helps the mentee access those resources.
- Plans and completes a community service project with the mentee before graduation.
- Participates in home visits and visits at the ChalleNGe site and takes part in relevant ChalleNGe activities, "Mentor Day".
- Shares occasional, informal, and fun activities with his or her mentee.
- Informs the Case Manager or Mentor Coordinator of problems or needs in his/her mentee's life, or in the relationship.

Mentor's Signature: _____

Date: _____



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CAMP SHELBY, MISSISSIPPI 39407-5500

To: Mississippi Department of Human Services
Division of Family & Children Services
Child Abuse Central Registry
P.O. Box 352
Jackson, MS 39205

From: Dr. William L. Crowson
Mississippi Youth Challenge Program
Building 80
Camp Shelby, MS 39407-5500
601-558-2456

(Printed) **Applicant's Full Name** (list maiden name & list any aliases)

Social Security Number: _____ **Date of Birth:** _____

Physical Address: _____

By signing this form, I give the above named agency permission to request an MDHS Child Abuse/Neglect Central Registry background check. I understand that this information will be used only for employment purposes and will not be re-disseminated to other persons or used for other purposes.

Applicant signature **Date:** _____

I have witnessed the applicant's signature and the information is true and attested by my viewing of the applicant's Social Security card and Drivers License. I understand that this information must be kept confidential with my agency.

Signature of Witness: _____ **Date:** _____

.....
This section to be completed by MDHS Office

_____ No identifying information was found in the Central Registry

_____ The following information was found in the Central Registry

Signature of MDHS Representative

Date

This form should not be completed by the mentor or student. Please have someone, who you have known for at least 2 years to complete this form.

MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

_____ has applied for volunteer work with

Printed name of Potential Mentor

the ChalleNGe Program, which focuses on the needs of in-need youth. This applicant is being considered for a match with an in-need youth in a one-to-one relationship. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

How long have you known the applicant? _____ In what way? _____

Does the applicant have a good home relationship? _____

Does the applicant work well with others? _____

Does the applicant have a tendency to over commit him/herself? _____

How would you rate the applicant concerning:

Personal Habits ___ Excellent ___ Good ___ Average ___ Poor

Character ___ Excellent ___ Good ___ Average ___ Poor

Morals ___ Excellent ___ Good ___ Average ___ Poor

Compassion for others ___ Excellent ___ Good ___ Average ___ Poor

Completes commitments ___ Excellent ___ Good ___ Average ___ Poor

Emotionally stable ___ Excellent ___ Good ___ Average ___ Poor

Receives constructive criticism ___ Excellent ___ Good ___ Average ___ Poor

Health ___ Excellent ___ Good ___ Average ___ Poor

Additional comments:

Signature: _____ Date: _____

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Additional comments:

Signature: _____ Date: _____