



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 and guide to the Cadet and encourage him/her 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. Mentors assist graduates who chose not to further their education in finding gainful employment as they return home.

The Mentor must be a mature adult (**at least 21 years of age**), of the same gender but not a relative (i.e. parent, step-parent, grandparent, step-grandparent, sibling, step-sibling), and live within commuting distance of his/her Cadet. The Mentor must also be willing to commit 17 months to helping the Cadet reach his/her goals in becoming a productive member of society.

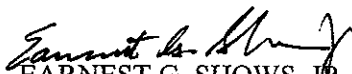
Each potential Cadet must have a completed Mentor Application on file in order to be accepted into the program. Please fill in all blanks of the Mentor Application. The National Guard Bureau requires us to complete a background investigation on all potential Mentors. Please review and sign the attached Mentor Job Description and have two individuals who have known you for at least two years complete a Reference Response Form. Enclosed you will find two self-addressed envelopes in which to mail these forms in.

As a Mentor, you are required to come to Camp Shelby, south of Hattiesburg, on one of five occasions to participate in "Mentor Day." During Mentor Day, you will attend a three and a half hour Mentor Training Class where vital information will be given and your questions answered. The Mentor will also have an opportunity to spend unsupervised quality time with the Cadet. Unfortunately, the Mentor will not be able to take the Cadet off post.

We strongly encourage you to write to your Cadet during the five month (22 weeks) Residential Phase. As the Mentor you are required to contact the graduate four times per month after the Cadet completes the program and returns home. These contacts may be by letter, telephone, email or in person. You are encouraged to make at least one personal contact.

The administration and staff of 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 Mrs. Sonja Edwards at (601) 558-2456 sedwards@msyouthchallenge.org; Mrs. Katrina Cameron (601)-558-2621 kcameron@msyouthchallenge.org; Mrs. Toni Travis (601)-558-2163 atavis@msyouthchallenge.org.

Sincerely,


EARNEST G. SHOWS, JR.
Brigadier General (Ret.)
MS Army National Guard
Director

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

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

Suffix: _____ Application Date: _____ Have you previously been a Mentor? Y or N

Name of Applicant who you will mentor: _____

Relationship to Applicant: _____ How long have you known Applicant: _____

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

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

Occupation: _____ Employer: _____ Work Status: _____

Home Phone: _____ Work Phone: _____ Extension: _____

Email Address: _____ Fax: _____

Cell Phone: _____ Pager: _____

Mailing Address: _____

Physical Address (if different): _____

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

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

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

Do you have any Physical limitations or special concerns? _____

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

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

5. Do you have a valid driver's license? Yes _____ No _____
6. Do you have proper liability insurance as required by law? Yes _____ No _____
7. Do you have your own transportation? Yes _____ No _____
8. Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain.
-
-

9. Do you own a computer? Yes _____ No _____
10. Do you have Internet accessibility? Yes _____ No _____

THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

MENTOR/CADET LIABILITY STATEMENT

I understand and agree that I will be the one actually spending time with my Cadet, and that I must exercise care in supervising while we are together. I agree that the Youth ChalleNGe Academy will not be liable for, and I agree to hold the 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 Youth ChalleNGe Academy, its officers, agents, servants, employees, or otherwise.

Mentor's Printed Name _____

Mentor's Signature _____ **Date** _____

MENTOR JOB DESCRIPTION

Position summary

The Mentor serves as a role model and friend to the applicant (Mentee) for at least 17 months.

Duties and Responsibilities:

The Mentor:

- Engages, in good faith, to a 17 month commitment with the Mentee to include consistent contact during the Post-Residential Phase (after graduation) by phone, mail or in person. Four contacts per month is the standard requirement in which case at least two of these must be face to face.
- Returns all screening materials promptly.
- Attend a 3.5 hour **Worldview Mentor Training** at the Program site, better known as "Mentor Day", 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 his/her progress.
- Observes all program policies and guidelines for Mentors. Discusses possible violation of polices and/or issues with the Case manager or Mentor Department.
- Refers the Mentee to other community resources when appropriate, and helps the Mentee access those resources.
- **Plans and completes a one hour community service project with the Mentee before graduation while the Mentee is on pass.**

Mentor Signature: _____ Date: _____

Mentee's Name: _____

RETURN ORIGINAL FORM TO MS YCP



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



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

Cadet: _____

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

From: BG EARNEST G. SHOWS, JR. (Retired)
MS Youth Challenge Program
Building 80, Camp Shelby, MS 39407-5500
601-558-2456

This section to be completed by potential mentor.

(Printed) Mentor's Full Name (list maiden names and any aliases) _____

Social Security Number: _____ Date of Birth: _____

(Requesting agency should verify by viewing the applicant's Drivers License and SS Card)

Physical Address: _____

By signing this form, I give the above named agency permission to request a MDHS Child Abuse/Neglect Central Registry background check. I understand this information will be used for mentor assignments only and will not be disseminated to other persons.

Mentor's Signature Date

This section to be completed by Mentor Department at MSYCP only

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

Signature of Witness (Representative of requesting agency) 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

POTENTIAL MENTOR INTERVIEW QUESTIONNAIRE

Today's Date: _____

Cadet's Name: _____

Potential Mentor's Name: _____

1. As the potential mentor, what are your plans for keeping this cadet on a positive path?

2. What are your expectations in this relationship?

3. On a scale of 1 to 10, with 10 being great self control, how would you rate yourself on your ability to deal with stress? _____ How would your peers rate you? _____

4. Are there any plans of relocating within the next 12 months? _____ If so, for what reason are you relocating? _____

5. What is your prior work experience with young adults?

6. Should the program need to contact you for any reason, when would you prefer to be called and what is the best number to reach you. _____

7. Are there any questions or comments you would like to express?

Cadet's Name: _____

This form should not be completed by the Mentor to Student. Please have someone who has known the Mentor for at least 2 years complete this form.

MENTOR REFERENCE RESPONSE

Your immediate response is greatly appreciated!

_____ has applied for volunteer work with the MS Youth

Print name of Potential Mentor

ChalleNGe Academy, which focuses on the needs of at-risk youth. This applicant is being considered for a volunteer position with an at-risk youth in a one-on-one relationship and we would like your help in learning more about this person. Please answer the questions on this form to the best of your knowledge and opinion. All information received will be confidential.

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: _____

Cadet's Name: _____

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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: _____