



## National Guard Montana Youth Challenge

790 East Cornell Street, Dillon, MT 59725

1-877-367-6927 or (406) 683-7512

Fax: (406) 683-7564

E-mail: m\_nelon@umwestern.edu



### Mentor Criteria

**Each MYCA Applicant must include 2 completed applications from prospective Mentors.**

**The following is the criteria to be used in selecting your prospective Mentors for the 14 Month Post-Residential Program.**

1. Mentors must be of the same gender as the Candidate.
2. Mentors must be at least 21 years old.
3. Mentors must live no more than 30 minutes from where the Cadet will live after completing the residential phase of the program.
4. Mentors may **not** be a member of the immediate family (parents, significant other of parents, siblings, or members of the same household may **not** be mentors). Mentors may be aunts, uncles, or grandparents.
5. Mentors must consent to a criminal history background check.
6. A person convicted of a felony may be eligible to be a mentor, depending on the offense and how much time has passed since the fault was committed. These situations are reviewed on a case-by-case basis.
7. Mentors must stay in weekly contact with cadet for 14 months.
8. Mentors must be able to attend a 1 day mentor training session, held in Dillon at the program site.
9. Mentors must send in a monthly report for a one year period that recaps contacts between them and the cadet and verifies placement of the cadet.
10. Mentors must be willing to correspond with the cadet while in the Residential phase by writing letters of encouragement.

**We will select the nominee after screening all mentor applicants, and the match will be made before or during the 13<sup>th</sup> week of the residential phase.**

If you have any questions regarding the mentoring program, please contact **Michelle Nelon at 1-877-367-6927, or 406-683-7512, or via e-mail at m\_nelon@umwestern.edu**

# Montana Youth ChalleNGe Academy Parental Release Form/14 Month Follow Through

Re: Program Student \_\_\_\_\_ SSNO \_\_\_\_\_

As the parent(s)/guardian(s) of the above named individual enrolled in the ChalleNGe Academy, and that individual not yet being age 18, I/we authorize the Montana Youth ChalleNGe Academy to release my youth into the custody of an assigned mentor for the purpose of unsupervised visitation. I/we understand that unsupervised means that the youth will not be under the supervision of a ChalleNGe staff member. The youth will be under the care and supervision of the youth's assigned mentor. I/we also grant the release of student records generated at MYCA to an assigned Mentor. I/we understand that the mentor assigned to my youth will be screened prior to being matched. I/we also understand that this screening process shall consist of a law enforcement background check, reference checks as well as a personal interview with ChalleNGe staff. I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana and their employees, acting officially or otherwise from all claims, demands, action or cause of action on account of any injury or illness to the above named Program Member or personal property which may occur from any cause during said mentor visitations over the 17.5 month duration this program.

I understand that by joining the Montana Youth ChalleNGe Academy, I am also committing myself to a 14-Month follow through program. This program will support me in keeping my goals and commitments after I leave the 22 week residential program. The mentoring program will require 100% participation with my mentor and case manager.

I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana, their contractors, volunteers, and employees, acting officially or otherwise from all claims, demands, actions, or cause of action on account of any injury or illness to the above named student or personal property which may occur from any cause during said transportation, as well as all ground operation incidents thereto.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Ph# \_\_\_\_\_

(Please Print) Cadet name wishing to mentor (if known) \_\_\_\_\_

## Montana Youth Challenge Academy Mentor Application

1. Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Social Security No. \_\_\_\_\_

2. Were you a previous mentor for MYCA? (circle one) Yes \_\_\_\_\_ No \_\_\_\_\_

3. Ethnicity (circle one) American Indian or Alaskan Native, Asian, Black, Hispanic, White, Other \_\_\_\_\_

4. Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone No. \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different from home address):

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

5. Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

6. Marital Status \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_

7. Children Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

8. Occupation \_\_\_\_\_

Employment Status (circle one) Full Time, Part Time, Retired, Deployed, Deployed, Temporary, Unemployed

Present Employer \_\_\_\_\_ Business Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

9. List other employment for the past 5 years (most recent first).

Position	Employer	How Long Employed	Reason for Leaving
----------	----------	-------------------	--------------------

10. Religious Affiliation \_\_\_\_\_ Other Volunteer Commitments \_\_\_\_\_

11. How many times have you moved in the past 5 years? \_\_\_\_\_

12. List past residences (most recent first). \_\_\_\_\_

Address	City/State	How Long There
---------	------------	----------------

13. Education: High School \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduate \_\_\_\_\_ Year \_\_\_\_\_

College/Univ. or Tech. Training \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree \_\_\_\_\_

14. Past experience with children/youth: \_\_\_\_\_

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

16. Health: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Any physical limitations or special concerns? \_\_\_\_\_

17. Do you have a history of physical abuse? \_\_\_\_\_

Date(s) \_\_\_\_\_

Describe: \_\_\_\_\_

18. Explain your present use of alcohol or any other drugs. \_\_\_\_\_

19. Explain your past use of alcohol or any other drugs. \_\_\_\_\_

20. Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

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

21. Please describe your driving record and offenses. \_\_\_\_\_

22. Do you have current auto insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

23. Have you ever been a victim of a crime? Yes \_\_\_ No \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

24. Have you ever been involved in, investigated for, arrested and/or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_

Explain \_\_\_\_\_

25. List two references. (Preferably one present or past employer and one personal reference you have known at least 2 years).

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

26. Please list interests, hobbies, and activities you enjoy. \_\_\_\_\_

27. What special skills or talents you would be willing to share? \_\_\_\_\_

28. Please recommend others who might be interested in becoming mentors (optional):

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

29. Any further information or questions you may have: \_\_\_\_\_

**Mentor Training is a requirement and will be held at the University of Montana Western in Dillon. Please check which Mentor training you will attend. You only have to attend one of the training sessions listed below.**

\_\_\_\_\_ **Saturday, March 13, 2010**

\_\_\_\_\_ **Saturday, March 27, 2010**

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

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

## ***Position Description—Mentor***

**Position Summary** The mentor serves as a role model, friend and advocate to a Cadet for at least 14 months (2 months while in program; 12 months after Residential Phase)

**Working**

- Reports to Post Residential Department

- Mentors one Cadet

**Duties**

- Commits to spending at least 14 months in consistent contact with a Cadet. (Letter- writing and phone calls during the Residential phase)

**Responsibilities**

- Returns completed screening materials promptly.
- Spend a day at the program site for training and participating in activities with the Cadet.
- Assists the Cadet with the Post Residential Action Plan development and discusses his or her progress in the PRAP.
- Makes 4 monthly contacts with the Cadet by phone, mail, or in person during the Post Residential phase. At least two of these must be face to face during the Post-Residential Phase, when possible.
- Observes all Academy policies and guidelines for mentors. Discusses violations of policies by Cadets with the Case Manager/Mentor Coordinator.
- Refers the Cadet to community resources as needed and helps the Cadet obtain those resources.
- Participates in a community service project with the Cadet before graduation (if required for that Class).
- Visits Cadet at ChalleNGe site during Residential phase, only if able.
- Shares occasional informal and fun activities with his or her Cadet. The Mentor and Cadet will jointly select and schedule the activities.
- Communicates at least monthly by phone and mail with the Case Manager/Mentor Coordinator. The mentor promptly informs the Coordinator of problems or needs in the Cadet's life or in their relationship.

Mentor Prospect Name: \_\_\_\_\_  
(Print)

Mentor Prospect Signature: \_\_\_\_\_

Cadet Name: \_\_\_\_\_

Date: \_\_\_\_\_

## 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 ChalleNGe Academy agent, and that I am responsible for choosing and conducting all activities with my Cadet, and that ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of \_\_\_\_\_.

I therefore agree that ChalleNGe will not be liable for, and I agree to hold ChalleNGe 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 ChalleNGe's negligence or otherwise.

I further release ChalleNGe 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 ChalleNGe, its officers, agents, servants, employees or otherwise.

Mentor's Name (Print): \_\_\_\_\_

Cadet's Name: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE

- ( ) Sent to mentor with acceptance letter
- ( ) Signed at pre-match session

Attach to signed Mentor-Cadet Agreement

Mentor Authorization  
to  
Release Information

I, \_\_\_\_\_, hereby authorize the Montana Youth ChalleNGe Academy, along with the law enforcement departments, to conduct whatever background search 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 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 ChalleNGe Academy and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Academy.

Full name \_\_\_\_\_ Ethnicity \_\_\_\_\_

Any other name used \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Place of birth \_\_\_\_\_

Social Security number \_\_\_\_\_

Length of time lived in this state \_\_\_\_\_

State where you used to live \_\_\_\_\_

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**To Be Completed by Law Enforcement Agency**

This individual is: \_\_\_\_\_ clear \_\_\_\_\_ not clear

**MENTOR RECOMMENDATION (Not for Student)**

**Mentor Name:** \_\_\_\_\_

The above named individual is being considered to mentor a student in a one-to-one relationship for the Montana Youth Challenge Academy. 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. Please complete and return to the Mentor or send to MYCA using the self addressed envelope provided or fax to 406.683.7564 as soon as possible.

How long have you known applicant? \_\_\_\_\_ In what way? \_\_\_\_\_

Does the applicant have a good home relationship? \_\_\_\_\_

Does he/she work well with others? \_\_\_\_\_

Does he/she have a tendency to over commit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her so far as the following are concerned?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: \_\_\_\_\_

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth?

(Explain) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

( ) Please call me, I would like to give some detailed information. (Use the back of this form if more room is needed.)

**MENTOR RECOMMENDATION (Not for Student)**

**Mentor Name:** \_\_\_\_\_

The above named individual is being considered to mentor a student in a one-to-one relationship for the Montana Youth Challenge Academy. 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. Please complete and return to the Mentor candidate or send using the self addressed envelope provided or fax to 406.683.7564 as soon as possible.

How long have you known applicant? \_\_\_\_\_ In what way? \_\_\_\_\_

Does the applicant have a good home relationship? \_\_\_\_\_

Does he/she work well with others? \_\_\_\_\_

Does he/she have a tendency to over commit him/herself? Get too involved? \_\_\_\_\_

How would you rate him/her so far as the following are concerned?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: \_\_\_\_\_

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth?

(Explain) \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

( ) Please call me, I would like to give some detailed information. (Use the back of this form if more room is needed.)

## Checklist for Mentor Application Process

Dear Prospective Mentor,

Thank you for agreeing to become an applicant for the MYCA mentoring program. Please use the following checklist to insure that all the paperwork is completed.

\_\_\_\_\_ Parental Release form (have Cadet's parents sign)

\_\_\_\_\_ Mentor Application (3 pages)

\_\_\_\_\_ Mentor Position Description

\_\_\_\_\_ Mentor Liability Release Form

\_\_\_\_\_ Mentor Information Release Form

Recommendation Forms (**Note: The two recommendation forms included at the end of the packet are about you, not the student.**)

\_\_\_\_\_ I have given the recommendation forms to two people and they have recommended me to become a mentor. These forms are completed and are included with the above listed paperwork. **OR**

\_\_\_\_\_ I have asked two people to recommend me to become a mentor. These people will fax or send the recommendations using the self addressed envelope provided.

I have read all the materials provided in the Prospective Mentor packet and have completed the above forms and enclosed them in the envelope provided.

\_\_\_\_\_  
(Print Mentor Name)

\_\_\_\_\_  
(Mentor Signature)

**Send, fax, or e-mail to:**

**Michelle Nelon  
790 E. Cornell St.  
Dillon, MT 59725  
Fax #: (406) 683-7564  
m\_nelon@umwestern.edu**

\_\_\_\_\_ (Due January 15, 2010)

(Return Date)

\_\_\_\_\_  
(Cadet Name)

**If you have any questions, please feel free to call Michelle Nelon, Post Residential Coordinator, at (406) 683-7512.**