

New Jersey Youth ChalleNGe Academy

5910 West 16th Street, Fort Dix, NJ 08640

1-800-997-5587

APPLICATION & ENTRANCE FORMS

PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK ONLY

Applicant Data				
Applicant's Last Name		First Name		Middle Name
Date of Birth mm/dd/yy	Age	Gender – Circle One	Social Security Number	Country Born In
/ /		Male Female	- -	
Are you a citizen of the United States? Circle One		If you are not a U.S. Citizen, Please indicate status – Circle One		Are you a resident of New Jersey? Circle One
Yes No		Refugee Immigrant Non-Immigrant		Yes No

Applicant's Residence Data						
Name of Person(s) Applicant Lives With				Relationship to Applicant		
Street Address*		Apt. No.	City	State	Zip Code	County
Home Phone	Alternate Phone		Pager	Cellular		
()	()		()	()		
Applicant's Mailing Address (Only if different from residence)						
P.O. Box or Street Address			City	State	Zip Code	

Applicant's Personal Data (Circle one)				
Applicant's Marital Status:	Single	Married	Separated	Divorced
Does Applicant have children:	Yes**	No	If yes, how many:	
<p><small>**The New Jersey Youth Challenge Academy does not provide day care for dependants. If I am accepted, I understand that I am still liable for their care. I certify that I will arrange for proper and safe care for my dependant(s) if I am selected to participate in this program.</small></p>				

*If you do not have a street address, enter the subdivision or signpost (i.e. Saylor's Pond Road, next to highway marker 68 West, near Sandman Restaurant...)

Parent / Legal Guardian Information		
	Father's/Legal Guardian Information	Mother's/Legal Guardian Information
Name		
Address		
City, State, Zip Code		
Home Phone		
Work Phone		
If parents are divorced, who has custody (Joint / Sole)		
If parents are divorced and have JOINT custody, please list address of other parent for joint mailings regarding Cadets		

Emergency Contact: Other than parents/legal guardian		
	Contact #1	Contact #2
Name		
Relationship		
Home Phone		
Work Phone		

Emergency Contact: Other than parents/legal guardian		
	Contact #3	Contact #4
Name		
Relationship		
Home Phone		
Work Phone		

Authorized for Pick-Up		
Designated adult(s) who may pick-up & return Cadets, other than parent / legal guardian.		
This person(s) must be 21 years of age and will be required to show identification and proof of age at the time of pick-up.		
	Designated Adult #1	Designated Adult #2
Name		
Relationship		
Home Phone		
Work Phone		

Authorized for Pick-Up		
Designated adult(s) who may pick-up & return Cadets / Oahu Sponsor, other than parent / legal guardian.		
This person(s) must be 21 years of age and will be required to show identification and proof of age at the time of pick-up.		
	Designated Adult #3	Designated Adult #4
Name		
Relationship		
Home Phone		
Work Phone		

I/We, the Parent(s)/Legal Guardians of the applicant, do agree to support our child's decision to better his/her life by applying to the New Jersey National Guard Youth Challenge Program. We will assist him/her by attending the mandatory orientation/interview session. We will also assist the applicant in retrieving the necessary documents/information that may be required by the New Jersey National Guard Youth Challenge Program.

Father / Legal Guardian Signature

Date

Mother / Legal Guardian Signature

Date

****Both parent(s)/guardian(s) must sign if living with or having joint custody of the above named Cadets.**

Race and National Origin for National Guard Bureau Reports (Check <u>ONE</u> Only)	
<input type="checkbox"/> A. Native American , American Indian, Alaskan Native	<input type="checkbox"/> D. Hispanic (Mexican, Puerto Rican, Cuban, Spanish, etc.)
<input type="checkbox"/> B. Asian or Pacific Islander	<input type="checkbox"/> E. White, not of Hispanic Origin
<input type="checkbox"/> C. Black, not of Hispanic Origin	<input type="checkbox"/> F. Other (Specify) _____

Language Background – Indicate the language you use:
A. What is your first acquired language: _____
B. What language is most often spoken at home: _____
C. What language do you most often use: _____

Applicant's Educational Data
Name of High School / Last School attended: _____
Last grade completed / currently in: _____
Credits earned towards graduation: _____
If you are not currently attending school, give brief explanation why and what you are doing: _____

Applicant Health Data	
Are you in good health? Yes _____ No _____	
If no, explain briefly: _____	
Are you allergic to anything? Yes _____ No _____	
If yes, list "things" you are allergic to: _____	

Applicant's Health Data (Continued)

Have you recently recovered from any medical problems? Yes _____ No _____
If yes, explain briefly (illnesses, injuries, accidents, etc.):

Are you currently taking medications? Yes _____ No _____
If yes, list medication(s) and purpose:

Have you undergone treatment for alcohol or substance abuse? Yes _____ No _____
If yes, please list date(s) and place. Also give brief explanation:

Do you require a special diet? Yes _____ No _____
If yes, explain:

Do you have any current dental issues / problems? Yes _____ No _____
If yes, give brief explain:

When was your last dental examination? And what was it for?

I understand that a current physical examination is required. Upon notification of my selection, I will submit a completed Medical Form, which shall include a complete physical examination, Tuberculin test results, and immunization record.

I understand that I will be dismissed (released) if I incur any illness or injury that prohibits me from participating in this program. I understand that I will be eligible to reapply for future classes when the illness or injury is corrected/cured. I also understand that my physician's written clearance must accompany any future application(s) that I might submit to the New Jersey National Guard Youth Challenge Program.

Applicant's Signature

Date

Father / Legal Guardian Signature

Date

Mother / Legal Guardian Signature

Date

NEW JERSEY YOUTH CHALLENGE ACADEMY

(Please complete in ink)

PARENTAL STATEMENT OF CHILD'S FITNESS

Knowing that my/our son/daughter/ward,

Applicant's Last Name

First Name

Middle

will participate in the New Jersey National Guard Youth Challenge Program and that he/she will be involved in daily physical training, intramural and confidence course training. I/we do certify that he/she is physically and mentally fit and qualified to participate in such activities.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date

PARENTAL CONSENT FOR SWIMMING AND WEIGHT TRAINING

I/We the parent(s)/guardian(s) of:

Applicant's Last Name

First Name

Middle

enrolled in the New Jersey National Guard Youth Challenge Program at Fort Dix, New Jersey, DO HEREBY consent to his/her participation in swimming and/or weight training programs.

I/We DO _____ DO NOT _____ consent to the above named Cadet's participation in the SWIMMING program.

I/We DO _____ DO NOT _____ consent to the above named Cadet's participation in the WEIGHT TRAINING program.

Father/Legal Guardian Signature

Date

Mother/Legal Guardian Signature

Date

**Both parent(s)/guardian(s) must sign if living with or having joint custody of the above names Cadets.

Law Violations	
(Answer all questions by checking YES or NO)	
A. Have you ever been arrested, apprehended, charged, cited or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty?	_____ Yes _____ No
B. Have you ever been convicted, fined by or forfeited bond to a federal, state or other judicial authority or been adjudicated as a youthful offender or juvenile delinquent, regardless of whether the record of your case has been sealed or otherwise stricken from the court records?	_____ Yes _____ No
C. Have you ever been detained, held in, or served time in any jail or prison reform or industrial school, or juvenile facility or institution under the jurisdiction of any city, state, or federal government or foreign country?	_____ Yes _____ No
D. Are you currently a ward of the court; or are you now under suspended sentence, parole, or probation; or are you awaiting sentencing or other action on criminal/civil charges against you?	_____ Yes _____ No

Law Violation Explanation			
If you answered "YES" to any questions, A through D, explain each incident below. Include all incidents with law enforcement authorities even if the citation or charge was dropped or dismissed or you were found not guilty. If necessary, attach a separate sheet to this application.			
Date	Nature of Offense or Violation	Place	Penalty Imposed/Disposition

Probation/Parole Officer	
If you ever had a Probation/Parole Officer, please provide his/her information	
Name	
Address	
Phone Number	

To the best of my knowledge, I have answered all of the above statements truthfully.

_____ Applicant's Signature

_____ Date

New Jersey Youth Challenge Academy

5910 West 16th Street, Fort Dix, New Jersey 08640

Phone: 609-562-0577 Fax: 609-562-0782

AUTHORIZATION FOR RELEASE OF INFORMATION

(Please print in ink)

I, _____,
Applicant's Last Name First Name Middle
residing at _____, and
Applicant's Address
born on _____ with social security number _____,
Applicant's Birthdate Applicant's Social Security Number

do hereby authorize the police authorities to release any and all information from any criminal history or juvenile court records, that they may have concerning me to the New Jersey National Guard Youth Challenge Program, State of New Jersey, solely to determine my acceptance into the "Youth Challenge Program."

I certify that police authorities and their officers or their employees who furnish any such information concerning myself, shall not be held liable for giving this information. I do hereby agree to release from liability and save harmless any police authority and its officers and employees from any and all liability which may be incurred as a result of releasing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature.

I have read and understood the contents of this Release of Information Form.

_____ Applicant's Signature	_____ Date
_____ *Father's/Legal Guardian's Signature	_____ Date
_____ *Mother's/Legal Guardian's Signature	_____ Date
_____ **Witness Signature	_____ Date
_____ Witness Name – PRINT	_____ Phone Number
_____ Witness Address	_____ City, State Zipcode

*Both parents/legal guardians must sign this form if living with or having custody of the above named applicant.

**An individual not related to the applicant and/or parents/legal guardians must witness all signatures.

New Jersey Youth Challenge Academy
5910 West 16th Street, Fort Dix, New Jersey 08640
Phone: 609-562-0577 Fax: 609-562-0782

MANDATORY DRUG TESTING CONSENT FORM

(Please print in ink)

I,	_____	_____	_____
	Applicant's Last Name	First Name	Middle
an applicant applying for enrollment into the New Jersey National Guard Youth Challenge Program located at Fort Dix, New Jersey, hereby acknowledge that:			
1.	I understand that the New Jersey National Guard Youth Challenge Program is a “DRUG FREE” program, and to be considered for this program I must also be drug free.		
2.	If I am considered for this program, I will be required to participate in a test for illegal drugs at my own expense. If the test is found to be positive, I will be disqualified for enrollment.		
3.	If I am accepted in this program, I will be required to participate in a test for illegal drugs during the first week of the residential phase of the program.		
4.	Thereafter, I will be tested for illegal drugs upon my return from scheduled leave/passes.		
5.	I may be randomly tested for illegal drugs at any time during the residential phase of this program.		
6.	I will be tested for illegal drugs during the final month of the residential phase of this program.		
7.	I voluntarily consent to the above tests and testing program. I understand and agree that if I test “POSITIVE” at anytime for illegal use of a controlled or illegal substance, I will be discharged from the program.		
8.	I understand that all drug tests given by the New Jersey National Guard Youth Challenge Program are mandatory. If I fail to participate in any one of the drug tests, I may be discharged/declined from this program.		

Applicant's Signature

Date

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date

New Jersey Youth Challenge Academy

PARENTAL CONSENT TO TRANSPORT

(Please complete in ink)

I/We the parent(s)/guardian(s) of:

Date of Birth: / / Gender: Social Security #: - -
 mm dd yyyy

enrolled in the New Jersey National Guard Youth Challenge Program, at Fort Dix, New Jersey,
DO HEREBY consent to his/her participation in this program.

I/We authorized the New Jersey National Guard to transport him/her to and from Fort Dix and
the provided facilities and training. **I/We further agree that, if necessary, due to medical,
disciplinary, or other reasons, the lead advisor / commandant may elect to return him/her
to home address by commercial or private carrier for which I/we will be responsible for
payment.**

I/We further DO _____ DO NOT _____ consent to the above-named Corps
Member being transported as a passenger in certain National Guard ground and/or air vehicle
on the terms and conditions stated above.

****Both parent(s)/guardian(s) must sign if living with or having custody of the above named Cadets.**

NEW JERSEY YOUTH CHALLENGE ACADEMY

Applicant's Statement of Validity

- 1) I/We have read and answered the questions in this application truthfully and to the best of my knowledge. I/We understand that any **FALSIFIED** information will **VOID** this application I/We also understand the program's goals and summary included in the beginning of this application.
- 2) I/We am/are aware that the New Jersey National Guard Youth Challenge Program will be physically and mentally demanding.
- 3) At this time, the applicant is in good health, is drug free, does not have an alcohol problem, and is not actively involved in the legal system.
- 4) I/We understand that the applicant will be committed to remain in the program for the first two weeks (Pre-Challenge phase) and **will not be released**. (Health related issues would be determined on a case-to-case situation.)
- 5) I/We understand that if the applicant leaves the Youth Challenge Academy Facilities without proper authorization (AWOL), I/we will not hold the Academy liable for the well being of the Cadets. I/We will be notified within a reasonable time of such an occurrence. The Cadets will also be reported to the New Jersey State Police and Department of Defense Police Departments as a "runaway" within 24 hours of the absence being noted.

Applicant's Signature

Date

Father's/Legal Guardian's Signature

Date

Mother's/Legal Guardian's Signature

Date

The following information is needed for academy reporting purposes only.
This will not affect selection of the applicant!

- A. What is the total income for your household last year? Please include such things as job wages, pensions, Social Security benefits, retirement income, child support, alimony, unemployment compensation, AFDC, general assistance, welfare, SSI and SSDI payments.

Please check one only:

- | | |
|--|--|
| <input type="checkbox"/> \$0 -\$5,000 | <input type="checkbox"/> \$20,001 - \$25,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$30,001 + |
| <input type="checkbox"/> \$15,001 - \$20,000 | |

- B. How many people are in your household? _____

- C. Where did you hear about our academy? Who referred you?

- | | |
|---|---|
| <input type="checkbox"/> High School Counselor | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Probation Officer | <input type="checkbox"/> National Guardsman |
| <input type="checkbox"/> Past Graduate of Program | <input type="checkbox"/> Other (Specify) |

CADET APPLICANT SELF INTERVIEW

INTERVIEW DATE ___/___/___

APPLICANT'S NAME _____ Social Security # _____

STREET ADDRESS _____ CITY _____ STATE: _____ ZIP: _____

PHONE _____ E-MAIL ADDRESS: _____

1. IN YOUR OWN WORDS, HOW WOULD YOU DESCRIBE YOURSELF?
2. HOW DID YOU BECOME AWARE OF THE CHALLENGE PROGRAM?
3. WHY DO YOU WANT TO BECOME A MEMBER OF THIS PROGRAM?
4. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? WHEN AND WHY DID YOU STOP?
5. WHAT HAVE YOU BEEN DOING SINCE YOU STOPPED SCHOOL?
6. IF YOU HAVE NOT COMPLETED SCHOOL, WHY DO YOU THINK YOU CAN COMPLETE THIS PROGRAM?
7. WHAT ARE YOUR HOBBIES?
8. WHAT ARE YOUR CAREER GOALS? WHAT DO YOU PLAN TO DO WHEN YOU COMPLETE THE CHALLENGE PROGRAM?
9. YOU WILL BE GIVEN A DRUG TEST UPON ENTERING THE PROGRAM THAT WILL SHOW USAGE 30 TO 60 DAYS BACK. WILL THAT BE A PROBLEM? YES NO WILL YOU BE DRUG FREE? YES NO
10. HAVE YOU BEEN ARRESTED? YES NO IF SO, FOR WHAT?

Current Age: _____
Race: _____
Gender: Male Female Circle one
Date of Birth: _____

WHEN IS YOUR COURT DATE? ARE YOU CURRENTLY ON PROBATION? YES / NO

IF YOU ARE ON PROBATION, WHEN WILL IT BE COMPLETED?

11. DO YOU HAVE ANY QUESTIONS?

New Jersey Youth Challenge Academy

5910 West 16th Street
Fort Dix, NJ 08640

Authorization for Release Form

Please list the names of the people, over the age of 21, who are authorized to sign-out and transport your son/daughter (including yourself) when there is a pass from the NJ Youth Challenge Academy. The below listed individuals are required to show identification in order for your son/daughter to be released from the Academy. CADETS WILL NOT BE RELEASED TO ANYONE THAT DOES NOT HAVE PROPER IDENTIFICATION (a driver's license or another form of photo ID.) This enforced for ALL students even if they are over the age of 18.

STUDENT'S NAME (PLEASE PRINT)

PARENT / LEGAL GUARDIAN SIGNATURE

1.) _____
PARENT / LEGAL GUARDIAN AGE

PHONE NUMBER

2.) _____
MENTOR / AGE

PHONE NUMBER

3.) _____
PRINT NAME / AGE

PHONE NUMBER

4.) _____

PRINT NAME / AGE

PHONE NUMBER

5.) _____
PRINT NAME / AGE

PHONE NUMBER

SIGN BELOW ONLY IF YOU AUTHORIZE YOUR CHILDE TO UTILIZE PUBLIC TRANSPORTATION
(TRAIN/BUS/TAXI ETC) IN ORDER TO GET HOME. THE ACADEMY IS NOT RESPONSIBLE FOR THE FARE
YOUR CADET WILL NEED FOR USING PUBLIC TRANSPORTATION.

PARENT / GUARDIAN NAME (PRINT)

PARENT / GUARDIAN SIGNATURE

New Jersey Youth Challenge Academy

5910 West 16th Street
Fort Dix, NJ 08640

Emergency Contact Information Form

1. Applicant's Name: _____
First Name Middle Initial Last Name

Please indicate whether you are the PARENT or LEGAL GUARDIAN of the Applicant.

Please Circle One:

2. Parent / Legal Guardian : _____
First Name Last Name

3. Religious Preference of Applicant (optional): _____

4. Parent / Legal Guardian Address: _____
Street / Apartment Number

City State Zip-Code County

5. Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Alt. Emergency: _____

6. Alternate Parent / Guardian : _____

7. Alternate Parent / Guardian Address : _____
Street / Apartment Number

City State Zip-Code County

9. In the event that you are unable to be reached, do you authorize the Alternate Parent / Guardian to pick your child up in the event of an emergency?

Circle One: YES NO

10. Applicant's Date of Birth: Month: _____ Day: _____ Year: _____

11. Applicant's Social Security Number _____

12. Please Sign to confirm that the above information is true and accurate.

PARENT / GUARDIAN NAME (PRINT)

PARENT / GUARDIAN SIGNATURE

Date

State of New Jersey

NEW JERSEY DEPARTMENT OF EDUCATION
BUREAU OF ADULT EDUCATION AND FAMILY LITERACY/GED

P.O. Box 500
Trenton, New Jersey 08625-0500
Jon S. Corzine
Governor

Lucille E. Davy
Commissioner



This form must be completed by any 16 and/or 17 year old individual who is currently **not enrolled** in a public/private high school and interested in taking the Tests of General Educational Development (GED®). This form must be signed by a parent/guardian and presented to the GED Chief Examiner when registering for the GED Tests.

PART A: ► TO BE COMPLETED BY APPLICANT

GED Test Center: _____

_____ Last Name _____ First Name _____ M.I. _____ Social Security Number

_____ Address _____ City _____ State _____ Zip Code

Telephone: () _____ Date of Birth: _____ Age: _____
Month Day Year

I certify the following: I am at least 16 years of age. I am **not** currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a GED Certificate/Diploma or earned GED scores sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable).

I certify that I am eligible to take the GED Tests and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the GED Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the GED Test scores if information is misrepresented.

Applicant's Signature: _____ Date: _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN **DUTH CHALLENGE ACADEMY**

I certify the following: The individual named abo _____ withdrawn this individual from the school of residence, day school or educational program. I further consent to his/her participation in taking the GED Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate the GED Test scores if information submitted on this form is misrepresented.

Check mark appropriate box.
 Parent/ Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Address: _____

Daytime Phone: _____ Evening Phone Number: _____

For any questions, contact the New Jersey Department of Education,
Bureau of Adult Education and Family Literacy/GED at 609-777-1050.