

Virginia National Guard Commonwealth Challenge

Mentor Application Packet

Data Required by the Privacy Act of 1974

Authority: Public Law 102-484, Sec. 1091 e (2)

Principal Purpose: To select mentor applicants for participation in the Virginia National Guard Commonwealth Challenge Program.

Routine Uses: None.

Disclosure: *The Mentor applicant must submit to a background check which includes an FBI fingerprint search to check criminal history and sex offender violations. Commonwealth Challenge pays for the background check. Persons who have a record of felonies within the past five (5) years, any sex offender violations or child abuse violations can not be considered for participation in Commonwealth Challenge as a Mentor.*

Disclosure is voluntary, however, applicants who do not provide requested information will not be considered for participation in the program.

Answer all questions completely. Answers given in this application are intended to help us know the mentor applicant better. It is not our purpose to reject applicants based solely on answers provided in this application.

MAIL THIS COMPLETED APPLICATION TO:

POST-RESIDENTIAL COORDINATOR
COMMONWEALTH CHALLENGE
P.O. BOX 539
VIRGINIA BEACH, VA 23451-0539

Be sure to provide the proper postage when mailing this packet to Challenge!

Commonwealth Challenge is a non-profit organization sponsored by the Virginia National Guard. Our purpose is to intervene in the life of at-risk youth by providing the values, skills, education and self-discipline needed to produce responsible, productive citizens, and to do so in a highly disciplined atmosphere. We serve unemployed youth who have withdrawn from high school without regard to race, gender, religion, or national origin.

For information, call the Post-Residential Coordinator at: (757) 491-5932, Ext. 240, or 1-800-796-6472, Ext. 240

Why Mentoring?

Mentoring is a structured and trusting relationship that brings young people together with a caring individual who offers guidance, support and encouragement aimed at developing the competence and character of the young person. A mentor is an adult, who, along with parents, provides a young person with support, counsel, friendship, reinforcement and constructive example.

Mentor's Role

To help a young person achieve their potential and discover their strengths. A mentor echoes the positive values and cultural heritage that parents, guardians, and ChalleNGe Staff are teaching. To help a young person define individual goals and find ways to achieve them. To promote high self-esteem, support achievements and introduce the cadet to new ideas.

***Benefits of Mentoring**

Improvement in attitudes
Less likely to use drugs
Improvement in school attendance
More likely to go to college
Higher employment rate

As A Mentor, you will be:

Making a difference in someone else's life
Learning about yourself
Giving back and contributing to the future
Having Fun!

COMMONWEALTH CHALLENGE MENTOR APPLICATION CHECKLIST

Mentors cannot reside in the same household as the applicant. Mentors cannot be a member of the immediate family, (parent, step-parent, sister, brother, step-sister, step-brother, foster parent or legal guardian) or anyone considered as the primary caregiver of the applicant. The Mentor must also be an adult over the age of 21 and of the same gender(sex) as the applicant.

EACH PROSPECTIVE MENTOR MUST COMPLETE THE APPLICATION AND ATTACHED FORMS AS THOROUGHLY AS POSSIBLE.

TO EXPEDITE THE STUDENT-MENTOR MATCH, THE APPLICATION MUST REACH OUR OFFICE BY THE STUDENT'S PRESREEN (ORIENTATION) DATE.

MENTORS CANNOT BE MATCHED* WITH A STUDENT UNTIL ALL SCREENING ACTIONS ARE COMPLETE.

A mentor must attend a training class on or before the day of the cadet process into the Academy.

Training is conducted at the ChalleNGe Program's site in Virginia Beach and on the cadets processing date.

Mail the application or bring it with you to the pre-screening. If you desire to attend training in Virginia Beach, mail it or return the application to the parent of the student you are sponsoring.

MENTORS MUST BE FINGERPRINTED TO INITIATE THE BACKGROUND CHECK. THIS MAY BE DONE AT PRE-SCREENING, OR ON THE STUDENT'S ENROLLMENT DATE.

____ **Application Form:** Complete each section truthfully. Sign and date the last page. The mailing address and fax number are also on the last page.

____ **Position Description Form and Cadet-Mentor Agreement:** Lists basic details and responsibilities of the mentor and cadet. Discuss these duties and responsibilities with the student. The mentor and student sign the agreement. If you have any questions please call the post- residential coordinator.

____ **Mentor Liability Release Form:** Releases the Commonwealth ChalleNGe Program from liability while the cadet is with the mentor. Please sign this form.

____ **Mentor Authorization To Release Information Form:** Authorizes the Commonwealth ChalleNGe Program and law enforcement departments to conduct background search of prospective mentor.

*** Being matched refers to the mentor having completed screening, training, a background check and having signed the Cadet-Mentor Agreement.**

**VIRGINIA NATIONAL GUARD COMMONWEALTH CHALLENGE
MENTOR APPLICATION FORM
(Must be completed by prospective Mentor)**

PLEASE PRINT

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1. STUDENT'S NAME: _____

2. MENTOR'S NAME: _____ ETHNICITY: _____

3. DATE OF BIRTH: _____ GENDER: Male Female SSN: _____ - _____ - _____
(circle one) (Social Security Number)

4. ADDRESS: _____
(Mailing Address of Prospective Mentor) (city) (state) (zip)

5. PHONE: _____
(Work phone) (Work hours) (Home Phone)
e-mail: _____ cell phone: _____

6. AFFILIATION WITH STUDENT: _____
(Church/civic group, Business, Industry, School, Friend, etc
)

7. MARITAL STATUS: Married, Single, Divorced, Separated
(Circle one)

8. PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

OCCUPATION: _____ HOW LONG EMPLOYED? _____

IMMEDIATE SUPERVISOR: _____
(Supervisor's Name) (Supervisor's Phone Number)

9. DO YOU HAVE OTHER VOLUNTEER COMMITMENTS? IF SO, PLEASE LIST. _____

10. LIST PREVIOUS RESIDENCES IF LESS THAN 5 YEARS AT CURRENT ADDRESS
(Address) (City) (State) (How long there?)

11. EDUCATION: _____ GRADUATE: ___ Yes ___ No
(High School Name) (Years Attended)

(College, university, technical training) (Years Attended) DEGREE: ___ Yes ___ No

12. PAST EXPERIENCE WITH YOUTH (CHILDREN): _____

13. WHY DO YOU WISH TO BECOME A VOLUNTEER MENTOR WITH CHALLENGE ?
(BE SPECIFIC):

14. HEALTH: Poor ____, Fair ____, Good ____, Excellent ____ (check one)

ANY PHYSICAL LIMITATIONS OR SPECIAL CONCERNS? _____

15. HAVE YOU EVER SOUGHT COUNSELING/THERAPY OR TREATMENT FOR ANY REASON?

____ Yes ____ No (check one)

IF YES,

DATE(S): _____

DESCRIBE: _____

16. EXPLAIN YOUR PRESENT USE OF ALCOHOL OR ANY OTHER DRUGS.

17. DO YOU HAVE A VALID DRIVER'S LICENSE? ____ Yes ____ No. IF YES, STATE _____

18. PLEASE DESCRIBE YOUR DRIVING RECORD INCLUDING ANY OFFENSES.

19. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? ____ Yes ____ No. IF YES, PLEASE

EXPLAIN _____

20. HAVE YOU EVER BEEN INVOLVED IN, INVESTIGATED FOR, ARRESTED, AND/OR

CONVICTED OF A CRIME? ____ Yes ____ No. IF YES, PLEASE EXPLAIN:

WHEN: _____ EXPLANATION: _____

21. LIST THREE REFERENCES THAT YOU HAVE KNOWN FOR AT LEAST THREE YEARS.

1. Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

2. Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

3. Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip _____

22. WHAT ATTITUDES AND BELIEFS ARE OF SPECIAL IMPORTANCE TO YOU? _____

23. WHAT SPECIAL SKILLS, TALENTS, OR HOBBIES DO YOU ENJOY AND BE WILLING TO SHARE WITH COMMONWEALTH CHALLENGE _____

24. PLEASE RECOMMEND OTHERS WHO MIGHT BE INTERESTED IN BECOMING MENTORS (USE OTHER SIDE IF NEEDED).

a. Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____

b. Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____

I understand that this information is necessary to assist in determining my suitability as a mentor with the ChalleNGe Program.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. This information will not be released to any outside agency.

Prospective Mentor's Signature _____ *Date* _____

PLEASE MAIL THIS MENTOR APPLICATION TO:

**POST RESIDENTIAL COORDINATOR
VIRGINIA COMMONWEALTH CHALLENGE
P.O. BOX 539
VIRGINIA BEACH, VIRGINIA 23451-0539**

OR,

YOU MAY FAX THIS APPLICATION TO POST RESIDENTIAL COORDINATOR, VIRGINIA COMMONWEALTH CHALLENGE AT 757-491-5934

IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, PLEASE CALL: POST RESIDENTIAL COORDINATOR AT 757-491-5932 ext. 240, 236 or 237.

VIRGINIA NATIONAL GUARD COMMONWEALTH CHALLENGE
MENTOR POSITION DESCRIPTION
(To be given to prospective Mentor)

Position Summary	The mentor serves as a role model, friend and advocate to a cadet for at least 14 months.
Working Relationships	<ul style="list-style-type: none"> • Reports to the Case Manager • Mentors one cadet
Duties And Responsibilities	<ul style="list-style-type: none"> • Commits to spending at least 14 months in continuous contact with a cadet. (either face to face or through letter writing) • Attends World View training to learn how to relate effectively to cadets. • Assists the cadet with the development of goals and discusses his or her progress in the program. • Makes frequent contact with the cadet by phone, mail, or in person during the residential phase. Four contacts are required. • Refers the cadet to community resources as needed and helps the cadet obtain those resources. • Participates in off-site visits with the cadet when the cadet is on home pass, visits ChalleNGe sites, and takes part in relevant activities as required. • 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 or mail with the Case Manager. Promptly informs the Case Manager of problems or needs in the cadet's life or in their relationship.

Please sign to indicate that you have read, understand and agree to the position description.

Cadet's Signature _____ *Date* _____

Prospective Mentor's Signature _____ *Date* _____

**VIRGINIA NATIONAL GUARD COMMONWEALTH CHALLENGE
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 Program 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 Commonwealth of Virginia.

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.

I hereby authorize the ChalleNGe Program, 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 mentor position I am seeking with the ChalleNGe Program.

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 Program and its agents from any liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Program.

Prospective Mentor's Signature _____

Date _____

<p>FOR OFFICE USE</p> <p>() Sent to mentor with acceptance letter</p> <p>() Signed at pre-match session</p> <p>Attach to signed Mentor-Cadet Agreement</p>

**VIRGINIA NATIONAL GUARD COMMONWEALTH CHALLENGE
MENTOR AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize the ChalleNGe Program, along with the law
(print prospective mentor's name)

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 mentor position that I am seeking with the ChalleNGe Program.

I fully understand that the information collected may be of a sensitive, confidential, and of a privileged nature, and may reflect upon my suitability. I hereby release the ChalleNGe Program and its agents from any liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Program.

PROSPECTIVE MENTOR'S FULL NAME: _____

ANY OTHER NAME USED: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(spell out month) (day) (year) (city) (state)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ GENDER: male or female *(circle one)*

Citizenship: _____ Weight: _____ Eye Color: _____ Hair Color: _____

ETHNICITY: Asian or Pacific Islander Black, not of Hispanic origin Hispanic
 White, not of Hispanic origin American Indian or Alaska Native
 Other: _____

LENGTH OF TIME LIVED IN VIRGINIA: _____

STATE WHERE YOU USED TO LIVE: _____

Mentor's Signature _____ *Date* _____

To Be Completed by Law Enforcement Agency

This individual is: _____ clear _____ not clear

REFERENCE RESPONSE FORM
(Your immediate response will be greatly appreciated!)

Dear (Reference's Name) _____,

(Mentor's Name)_____ has applied for volunteer work at the Virginia National Guard Commonwealth ChalleNGe Program, which focuses on the needs of at-risk youth.

He or she is being considered for a match with an at-risk 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 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 he or she work well with others? _____

Does he or she have a tendency to over commit him/herself or get too involved? _____

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

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completing commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receiving 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)_____

Signature _____ Date _____

Home Phone () _____ Work Phone () _____

() Please call me. I would like to give some detailed information. Use the back of this form if you need space.

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

Other comments: _____

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