



# Hawaii National Guard Youth Challenge Academy

P.O. Box 75348, Kapolei, HI 96707-0348

## APPLICATION FORM

*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
/ /			Male      Female	-      -
Country Born In		Are you a citizen of the United States? Circle One		Are you a resident of Hawaii? 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
Home Phone		Alternate Phone		Pager
( )		( )		( )
<b>Applicant's Mailing Address Only if different from residence</b>				
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 Hawaii National Guard Youth Challenge Academy does not provide day care for dependents. 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 dependants(s). if I am selected to participate in this program.</small></p>				

\*\*If you do not have a street address, enter the subdivision or sign post (i.e. Kalapana, Homestead, next to highway marker 15, Orchidland, near Breakers...)

<b>Parent / Legal Guardian Information</b>		
	<b>Father's Information</b>	<b>Mother's Information</b>
Name		
Address		
City, State, Zip-Code		
Home Phone		
Work Number		
Cellular 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 applicant		

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

<b>Authorized for Pick-Up</b>		
<b>Designated adult(s) who may pick-up &amp; return applicant / Oahu Sponsor, other than parent / legal guardian.</b>		
<b>This person(s) must be 21 years of age and will be required to show proof of age at the time of pick-up.</b>		
	<b>Designated Adult #1</b>	<b>Designated Adult #2</b>
Name		
Relationship		
Home Phone		
Work Phone		
Cellular 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 Hawaii National Guard Youth Challenge Academy. 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 Hawaii National Guard Youth Challenge Academy.

\_\_\_\_\_  
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 applicant.**

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. Multiracial

Dominant Ethnic Background for State Reports: (Check all those that apply & circle your most dominant ethnicity.)	
<input type="checkbox"/> A. American Indian	<input type="checkbox"/> H. Korean
<input type="checkbox"/> B. Black	<input type="checkbox"/> I. Portuguese
<input type="checkbox"/> C. Chinese	<input type="checkbox"/> J. Spanish, Puerto Rican, Mexican, Cuban
<input type="checkbox"/> D. Filipino	<input type="checkbox"/> K. Samoan
<input type="checkbox"/> E. Hawaiian	<input type="checkbox"/> L. White
<input type="checkbox"/> F. Part-Hawaiian	<input type="checkbox"/> M. Indo-Chinese
<input type="checkbox"/> G. Japanese	<input type="checkbox"/> N. 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 which 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 Hawaii National Guard Youth Challenge Academy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Legal Guardian Signature

\_\_\_\_\_  
Date

# HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY

(Please complete in ink)

## PARENTAL STATEMENT OF CHILD'S FITNESS

Knowing that my/our son/daughter/ward,

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

will participate in the Hawaii National Guard Youth Challenge Academy 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:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

enrolled in the Hawaii National Guard Youth Challenge Academy at Kalaeloa, Hawaii, DO  
HEREBY consent to his/her participation in swimming and weight training programs.

\_\_\_\_\_

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 applicant.



<b>Law Violations</b>			
(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
E.	Have you ever been arrested, charged, or adjudicated for a <b>felony</b> offense.	_____ Yes _____	_____ No

<b>Law Violation Explanation</b>			
If you answered "YES" to 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

<b>Probation/Parole Officer</b>	
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



# Hawaii National Guard Youth Challenge Academy

P.O. Box 75348, Kapolei, HI 96707-0348

Phone: 673-7530

Fax: 673-7538

## AUTHORIZATION FOR RELEASE OF INFORMATION

(Please print in ink)

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

Do hereby authorize the appropriate authorities to release any and all information which they may have concerning me to the Hawaii National Guard Youth Challenge Academy, State of Hawaii. The information will be used solely to determine my acceptance into the "Youth Challenge Academy".

I certify that the appropriate authorities and 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 of the appropriate authority 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.

\*\*All signatures must be witnessed by an individual not related to the applicant and/or parents/legal guardians.

**Hawaii National Guard Youth Challenge Academy**

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**MANDATORY DRUG TESTING CONSENT FORM**

(Please print in ink)

I, _____,		
Last Name	First Name	Middle
an applicant applying for enrollment into the Hawaii National Guard Youth Challenge Academy located at Kalaeloa, Hawaii, hereby acknowledge that:		
1.	I understand that the Hawaii National Guard Youth Challenge Academy 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.	
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 understand that this is a 17-month program. During the Residential and Post-Residential Phase, I may be tested for illegal drugs. If the test result is positive, this will disqualify me from receiving my diploma through the YCA.	
6.	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.	
7.	I understand that all drug tests given by the Hawaii National Guard Youth Challenge Academy are mandatory. If I fail to participate in any one of the drug test, I will be discharged/declined from this program.	

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father’s/Legal Guardian’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother’s/Legal Guardian’s Signature

\_\_\_\_\_  
Date

# Hawaii National Guard Youth Challenge Academy

## PARENTAL CONSENT TO TRANSPORT

(Please complete in ink)

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

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle

Date of Birth:    /    /            Gender:            Social Security #:           -   -   -

Enrolled in the Hawaii National Guard Youth Challenge Academy at Kalaeloa, Hawaii, DO  
HEREBY consent to his/her participation in this program.

I/We authorized the Hawaii National Guard to transport him/her to and from Kalaeloa 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.**

\_\_\_\_\_

Father/Legal Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Mother/Legal Guardian Signature

\_\_\_\_\_

Date

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

# HAWAII NATIONAL GUARD 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
- 2) I/We am/are aware that the Hawaii National Guard Youth Challenge Academy will be physically and mentally demanding.
- 3) At this time, the applicant is in good health, is drug free, 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 22 week residential phase and complete all post-residential requirements in order to receive their high school diploma from the Youth Challenge Academy.
- 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 applicant. I/We will be notified within a reasonable time of such an occurrence. The applicant may also be reported to the Honolulu Police Department 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

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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"/> Less than \$15,000  | <input type="checkbox"/> \$35,001 - \$45,000   |
| <input type="checkbox"/> \$15,001 - \$25,000 | <input type="checkbox"/> Greater than \$45,000 |
| <input type="checkbox"/> \$25,001 - \$35,000 |                                                |

- 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)    |