



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY

BUILDING 80
CAMP SHELBY, MISSISSIPPI 39407-5500

To Be Completed by Mentor

Requirements:

- Be same gender as applicant
Be at least 21 years of age
Live within commuting distance of applicant
Be willing to make the 12 month commitment to applicant
Attend mandatory mentor meeting on "Mentor Training Day" to be held at Camp Shelby
Mentors cannot be persons closely related (parent/step-parent, grandparent/step-grandparent, sibling/step-sibling/ or in-laws)
Mentors cannot reside in the same household
If you are considering relocation, before submitting application, be sure you will still be within commuting distance of the mentee.

Please fill out the following application, read the agreement on the back, sign, and return in the provided envelope.

Name of applicant you will mentor

First Name Middle Name Last Name Relationship to applicant

Mailing Address

City State Zip

Email Address

Home Phone Cell Phone

Business Phone Best contact time

Male Female Ethnicity

Date of Birth Social Security Number

Have you ever been convicted of a crime or felony? No Yes, please explain, include dates

MENTOR / CADET LIABILITY STATEMENT

(Please read carefully, print and sign your name below)

- The provided information is true and accurate to the best of my knowledge.
- 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.
- I do consent to being photographed and / or videotaped while attending Mentor Day at Camp Shelby and to have such photographs and / or videos posted on the official Youth ChalleNGe Academy website, for official, non-commercial purposes only in brochures for advertising purposes only.
- I agree to observe all policies and guidelines as outlined in materials sent to me and those materials given out at Mentor Training and verbal communication with Youth ChalleNGe Academy employees.
- I agree to follow my mentee for 12 months post-graduation.
- I agree to meet twice a month in person with my mentee and twice a month with any electronic system such as texting, email, snap-chat, etc.
- I agree to submit to the Youth ChalleNGe Academy monthly reports regarding meetings with my mentee through mail or on electronic device utilizing the Youth ChalleNGe Academy App.
- I agree to assist with the post residential plan and discuss my mentee's progress with him/her.
- I agree to contact the case worker assigned to my mentee and me in case of any violations of policies and / or issues of concern, immediately.

Mentor's Printed Name: _____

Mentors Signature: _____ Date: _____

PLEASE PRINT

Cadet Applicant's Name

PERSONAL REFERENCE OF POTENTIAL MENTOR (2 REQUIRED)

Instructions: Select someone who has known the Potential Mentor for at least two years and have them fill out this form.

Mentor Applicant's Name

has applied for volunteer work with the MS Youth *ChalleNGe* Academy, which focuses on the needs of young adults. The Potential Mentor is being considered for a position with one of our applicants. We would like your help in learning more about this person. Please answer all questions on this form to the best of your knowledge and opinion.

How long have you known the Potential Mentor? _____ What is your relationship? _____

Rate your idea of the Potential Mentor in the following categories with 0 being the worst and 5 being the best. Please circle your answer.

Home situation	0	1	2	3	4	5
Personal Habits	0	1	2	3	4	5
Working with others	0	1	2	3	4	5
Morals	0	1	2	3	4	5
Compassion	0	1	2	3	4	5
Accomplishes Goals	0	1	2	3	4	5
Emotional Stability	0	1	2	3	4	5
Receiving Constructive Criticism	0	1	2	3	4	5
Health	0	1	2	3	4	5
Personal Commitments	0	1	2	3	4	5

Additional Comments: _____




Thank you! Please provide your contact information so that we may contact you to verify that you have given the above reference. Please print.

Name: _____ Cell: _____

Home: _____ Email: _____

Signature: _____

If you are interested in becoming a mentor in the future, please visit us www.msyouthchallenge.org and

Follow Us!  Mississippi Challenge Academy  @MSYChallenge  @msyouthchallenge

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