



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY
BUILDING 80
CAMP SHELBY, MISSISSIPPI 39407-5500

Dear Mentor:

Thank you for volunteering to be a mentor for a student who has applied to attend the Mississippi National Guard Youth Challenge Academy. Your service will help us better serve our Youth. It is through selfless service like yours that we are able to accomplish our mission of providing support and productive placement for our graduates. Your concern for our youth is heartwarming and deeply appreciated. Be assured that, through your support, you are making a significant difference.

Attached you will find the (1) Mentor Application and (2) Reference Worksheets. Please have someone who is very familiar to you to complete the references and return with the mentor application.

Point of contact for further information is Ms. Mary Heard at (601) 558-2239.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. McDonald".

Rodney F McDonald, SFC
Recruiting, Placement, Mentor Coordinator
MS Youth Challenge Academy

To Be Completed by Mentor

Requirements:

- Be same gender as applicant
- Be at least 21 years of age
- Live within a reasonable driving distance of applicant
- Be willing to make the 12 month commitment to applicant (after cadet graduates you will spend 4 contact hours per month with the cade (i.e. go to a ball game), and send 1 report per month for 12 months)
- 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) but can be an aunt, uncle, or cousin
- Mentors cannot reside in the same household as mentees
- If you are considering relocation, before submitting application, be sure you will still be within commuting distance of the mentee.

Documents in this packet:

- ✓ Application, front and back
- ✓ 2 Personal References on Mentor

To receive text notifications related to YCA mentoring, text mentor48 to 95577.

Please fill out the following application and return in the provided envelope immediately.

First Name	Middle Name	Last Name	Relationship to applicant
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Mailing Address _____

City	State	Zip
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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 will do my utmost best to attend the Mandatory Mentor Day training and write to my cadet while he / she is in the program.
- 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.

Permission Statements

- 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 do give consent to the Youth ChalleNGe Academy to perform a Dept. of Human Services background check into the abuse or neglect of children and/or a criminal background check. If I am found to have been investigated by DHS, I understand that I will not be allowed to mentor a cadet at Youth ChalleNGe Academy, ever.

Job Description

- 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 with my mentee for a total of 4 contact hours per month, one of those being face to face.
- 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 or website.
- 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.
- I will return the application within a week.

Mentor's Printed Name: _____

Mentor's Signature: _____ Date: _____

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MENTOR REFERENCE (2 REQUIRED)

PLEASE PRINT

Instructions: Select someone who has known **you** 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 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.



Name of person providing reference (print): _____

Phone number: _____

Email: _____

Signature: _____

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

Follow Us!  Mississippi Challenge Academy  @MSYChallenge  @msyouthchallenge

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