



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY
BUILDING 80 HALLORAN AVE.
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, (1) Criminal background check and (2) Personal Reference Requests. Please have someone who is very familiar to you to complete the references and return with the mentor application. The application packet is required for the mentee to attend the program. All documentation must be submitted prior to the enrollment date. The enrollment dates are January and July, depending on which class the applicant is applying.

Please ensure the student's name is printed at the top of each page.

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

Mentor Application

Student's Name

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 cadet (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, 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
- ✓ 2 Personal References
- ✓ Background Check

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

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 _____

MENTOR / CADET LIABILITY STATEMENT

The provided information is true and accurate to the best of my knowledge.

- I will do my best to attend the Mandatory Mentor Training Day 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.

Release of Information

- I do consent to being photographed and / or videotaped while attending Mentor Training 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, and in brochures for advertising purposes only.

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 Day and verbal communications with Youth ChalleNGe Academy employees.
- I agree to follow my mentee for 12 months post-graduation.
- I agree to meet with my mentee during the Post Residential Period for a total of 4 contacts per month and/or four hours per month. Contact is defined as a phone call, face to face, text, email, mail, etc.
- I agree to submit monthly reports, regarding the above defined contacts, to the MS Youth ChalleNGe Academy.
- I agree to assist with the Post Residential placement goals 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 one week.

Mentor's Printed Name: _____

Mentor's Signature: _____ Date: _____

Student's Name

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 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: _____

Name of person providing reference (print): _____

Phone number: _____

Email: _____

Signature: _____

MENTOR REFERENCE

(2 REQUIRED)

Student's Name

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Phone number: _____

Email: _____

Signature: _____

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CRIMINAL BACKGROUND CHECK CONSENT FORM

MUST PRINT LEGIBLY

FULL LEGAL NAME _____

ADDRESS _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____

I give my consent for the MS National Guard Youth Challenge Academy to conduct a background check to include any sex offense charges, felony convictions, alcohol or substance abuse convictions to include DWI's / DUI's.

SIGNATURE / DATE

////////// FOR OFFICIAL USE ONLY BELOW THIS LINE //////////

FINDINGS

____ NO RECORDS FOUND

____ SEX OFFENSE

____ FELONY within 5 YEARS

____ ALCOHOL /SUBSTANCE ABUSE
DUI's / DWI's within 5 years

TIME / DATE

TERMINAL OPERATOR SIGNATURE