



STATE OF MISSISSIPPI  
MISSISSIPPI NATIONAL GUARD

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YOUTH CHALLENGE ACADEMY  
BLDG 80, HALLORAN AVE.  
CAMP SHELBY, MS. 39407

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, (2) Personal Reference Requests and (1) Criminal background check. Please have someone who is very familiar to you complete the references and return them with the mentor application. **This mentor application is required for the applicant 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 student 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  
Recruiting, Placement, Mentor Coordinator  
MS Youth Challenge Academy

# Mentor Application

### Requirements:

- Be same gender as applicant
- Be at least 21 years of age
- Live within a reasonable driving distance of applicant after graduation
- Be willing to make the 12 month commitment to applicant, after cadet graduates 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 1 mandatory mentor training 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

### Documents in this packet:

- ✓ Application; pg. 1 & 2
- ✓ 2 Personal Reference Forms
- ✓ Criminal Background Check Form

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 Authorization for Release of Information (MARI)**

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.

I give consent to be photographed and / or videotaped while attending Youth Challenge training and activities and to have such photographs and / or videos posted on the official Youth Challenge Academy website and in brochures, for official non-commercial advertising purposes only.

**Confidentiality Policy**

I will not share or reveal any personal identifying information of the mentee. The mentor is prohibited from discussing the mentee's status, issues, concerns, health information or progress in public or with anyone except the case manager or employees of the MS Youth Challenge Academy. Otherwise, all conversations between the mentor and the mentee shall be confidential. The only exception to this policy is if the cadet is a danger to him/her self or others. If the latter is the case, proper authorities should be notified.

**Mentor Cadet Liability Statement**

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. I will observe all policies, guidelines, as outlined in materials sent to me and those materials given out at Mentor Training, and verbal communications with Youth Challenge Academy employees.

**Job Description**

The mentor will start contacting the mentee beginning Week 3 of the residential phase through letters and emails. The mentor may also request a scheduled lunch visit with the mentee once a month. After graduation, the mentor is required to meet with and/or contact the mentee 4 times a month or 4 hours a month, or a combination of the two. The mentor and the mentee will submit a monthly report for one year after graduation. The mentor will assist the mentee with setting goals post-graduation and discuss the mentee's progress with the mentee and other authorized MS Youth Challenge Academy employees.

Mentor's Printed Name: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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.

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Mentor Name

has applied to be a mentor 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: \_\_\_\_\_

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Name of person providing reference (print): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

## MENTOR REFERENCE (2 REQUIRED)

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Mentor Name

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Personal Commitments	0	1	2	3	4	5

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Name of person providing reference (print): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**MS NATIONAL GUARD YOUTH CHALLENGE ACADEMY  
MENTOR AUTHORIZATION FOR RELEASE OF INFORMATION  
CRIMINAL BACKGROUND CHECK CONSENT**

**PLEASE 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  
DWI's / DUI's within 5 years

\_\_\_\_\_  
TIME / DATE

\_\_\_\_\_  
TERMINAL OPERATOR SIGNATURE