



STATE OF MISSISSIPPI
MISSISSIPPI NATIONAL GUARD



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

Job Description - The primary mentor will start contacting the mentee beginning Week 3 of the residential phase through letters and emails. After graduation, the primary 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 will assist the mentee with setting goals post-graduation and discuss the mentee's progress with the mentee and authorized MS Youth ChalleNGe Academy employees. The primary mentor and the graduate will submit a monthly report for one year after graduation. Although the alternate (back-up) mentor is expected to support the cadet, only the primary mentor is authorized to attend the one time required mentor training which will be held at Camp Shelby MS.

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.

Point of contact is Ms. Mary Heard at (601) 558-2239 or mheard@msyouthChalleNGe.org or fax: 601.558.2109.

Sincerely,

Rodney F McDonald
Recruiting, Placement, Mentor Coordinator
MS Youth ChalleNGe Academy

Student's Name

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, grandparent, 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 hereby grant to the Mississippi Youth Challe**NGe** Academy, The Mississippi National Guard, and appropriate law enforcement agencies permission to check my references and civil or criminal records that include but not limited to any sex offense charges, felony convictions, alcohol or substance abuse convictions and DWI's/DUI's.

I also consent to being photographed and / or videotaped while attending any Challe**NGe** Academy's functions and to have such photos and or videos posted on the official Youth Challe**NGe** Academy website or brochures, for official non-commercial purposes.

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 Challe**NGe** 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. I understand my duties as a mentor to abide by the laws of the state of Mississippi and the laws and policies governing the preservation of confidential information.

Mentor Cadet Liability Statement

I will do my best to attend the Mandatory Mentor 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 Challe**NGe** Academy will not be liable for, and I agree to hold the Youth Challe**NGe** 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 Challe**NGe** 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 Challe**NGe** Academy employees.

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Mentor's Printed Name: _____

Mentor's Signature: _____ Date: _____

Mentor Interview

1. What is the reason you decided to be a mentor? _____

2. How long have you known the cadet? _____

3. In what ways do you think you will have a positive influence in his/her life? _____

Signature _____

Date _____

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

TIME / DATE

TERMINAL OPERATOR SIGNATURE

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 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: _____

Name of person providing reference (print): _____

Phone number: _____

Email: _____

Signature: _____

Student's Name _____

MENTOR REFERENCE (2 REQUIRED)

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Additional Comments: _____

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