

HAWAII NATIONAL GUARD YOUTH CHALLENGE ACADEMY P.O. BOX 5210 HILO, HI 96720 (808) 369-0955/ FAX (808) 933-1403



MENTOR APPLICATION PACKET

CELL: (808) 896-8228

Aloha Mentor Prospect,

Thank you for considering to be a mentor for a Hawaii National Guard Youth Challenge Academy applicant. Your involvement during this life changing journey will play a significant part of their future. The mentoring commitment is 14 months long and starts after the Mentor Match Ceremony (see list of events below).

To be eligible for graduation from our academy, each student is REQUIRED to have a trained mentor. Please ensure you meet the following criteria:

- Be at least 23 years old.
- Be the same gender as the student.
- Clear of criminal felony convictions, alcohol or substance abuse & DUI's within the past 5 years.
- NOT living in the same household, however must live within reasonable geographic proximity from cadet.
- NOT be an immediate family member (mother, father, step-parents, siblings, step/half siblings, foster parent, legal guardian, ChalleNGe staff member, their spouses or significant other).

After the completed application is received and screened, the following event will take place:

- 1. You will be contacted for a telephone interview
- 2. Scheduled for the Mandatory Training Workshop
- 3. Invited to the Mentor Match Ceremony
- 4. Contact your student (cadet) weekly

For more information, please contact the Mentor Coordinator's office at (808)369-0955/54, or email at: stacy.j.atiz@hawaii.gov



APPLICANT YOU WILL			
YOUR RELATIONSHIP	TO THE STUDENT APPLICANT:		
LAST NAME:		FIRST NAME:	
GENDER:	MALE / FEMALE	MARITAL STATUS:	I MARRIED/ SINGLE
BIRTHDATE:		AGE:	
PHYSICAL ADDRESS:		MAILING ADDRESS:	
CITY/ STATE		CITY/ STATE	
ZIP CODE		ZIP CODE	
EMAIL		-	
HOME PHONE	()	BEST TIME	ΓΟ CALL:
CELL PHONE	()	BEST TIME	ΓΟ CALL:
EMPLOYER		PHONE	()
OCCUPATION		Fl	JLL TIME/ PART TIME
AUTO INSURANCE	YES NO	NAME OF COMPANY	
SPECIAL INTERESTS		,	
Are you the parent of	a HINGYCA current applicant?	YES NO	If yes, who:
	a HINGYCA graduate?	YES NO	If yes, who:
ине усы ине разение.	<u> </u>	1 120 110	Class:
Have you ever been a	mentor for HINGYCA?	YES NO	If yes, who:
References:			When were you trained:
Name:		Relationship:	
Cell Phone:		Home Phone:	
Namo		Polationshin:	T
Name: Cell Phone:		Relationship: Home Phone:	
Cen Flione.		priorite Priorie.	
Signature:		Date:	

MENTOR PROGRAM EXPLANATION &

Statement of Understanding

The Hawaii National Guard Youth Challenge Academy (HINGYCA) is a great opportunity for the youth of Hawaii ages 16-18 who are struggling in school or who have already dropped out. It is truly a "second chance" to turn their lives around. The mentoring program is a very important part of this second chance. When a teen (cadet) has a mentor, who is committed to help him/her succeed, he or she is much more likely to finish the program and return to his/ her community as a productive citizen. We all know that time is precious, however this opportunity will be *life changing*...for the both of you.

Here is a brief description of what is involved in the MENTOR PROGRAM:

- Each applicant (student) must provide at least one COMPLETED Mentor Prospect Application.
- Prospective Mentors are screened and interviewed by the HINGYCA staff.
- Selected Mentors will receive instructions to complete the MANDATORY mentor training.
- Trained Mentors are invited to attend the Mentor Match Ceremony.
 - Matched Mentors will be committed to the 14-month mentoring period. The formal mentoring relationship begins during the 14th week of the residential phase of the program.
 - Matched Mentors are required to make weekly contact (days and times will be discussed at the Mentor Match Event).
 - Matched Mentors will be able to visit onsite (days and times will be discussed at the Mentor Match Event).
 - Matched Mentors assist with the development of the Post Residential Action Plan (PRAP).
 - Matched Mentors are invited to attend activities at HINGYCA through the Mentor Department; including FAMILY DAY and GRADUATION.
- During the POST RESIDENTIAL PHASE (from the day of graduation), mentors and graduates are required to continue weekly contacts (at least two will need to be face to face).
 - Mentors are asked to submit monthly reports with regards to graduate placement success. You
 will be advised during your training session of the methods of reporting as well as the deadlines
 that need to be met.
 - The PRAP will be utilized in this phase as a guide for success.

I HAVE READ THE ABOVE DESCRIPTION OF THE HAWAII NATIONAL GUARD YOUTH CHALLENGE MENTO	RING
PROGRAM. I AM AWARE OF AND AGREE TO WHAT IS REQUIRED OF ME AS A MENTOR.	

Print:		
Signature:	Date:	

MENTOR LIABILITY RELEASE

I understand and agree that I will be the one spending time with my matched cadet and that I must exercise care in supervising my cadet while we are together, I also understand and agree that I am not a Youth Challenge Academy agent, and that I am responsible for choosing and conducting all activities with my cadet. Youth Challenge Academy will not control how these activities are conducted, except to ensure that they are done in the interest of the mentoring relationship.

I therefore agree that Youth Challenge Academy will not be liable for, and agree to hold Youth Challenge Academy harmless from and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement.

I further release Youth Challenge Academy from all liability, claims, demands, or actions whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by thus mentoring agreement.

CONFIDENTIALITY AGREEMENT

Confidentiality is the preservation of the privileged information concerning the cadet. Most of the information that you gain about the cadet is CONFIDENTIAL; in terms of the law, disclosure could make you legally liable, or the disclosure may violate the trust that the cadet has developed with you, causing damage to your mentoring relationship. ALL record dealing with cadets must be treated as CONFIDENTIAL.

MENTOR AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and consent to release of information and records bearing on my personal history, arrests, and convictions, in any way to the Youth Challenge Academy. This information will be used for determining my eligibility as a MENTOR with the Hawaii National Guard Youth Challenge Academy. I fully understand that the information collected may be sensitive, and will remain confidential. I hereby release the Hawaii National Guard Youth Challenge Academy and its agents from and liability and damage that may result for the exchange of requested information between law enforcement departments and the Hawaii National Guard Youth Challenge Academy.

FULL NAME					
ANY OTHER			·		
NAMES USED					
SOCIAL SECURITY NUMBER		ETHNIC GROUP			
DATE OF BIRTH		GENDER: M / F			
STATE YOU CLAIM R	ESIDENCY:	FROM:	-	то	
LIST ANY OTHER STA	ATES YOU LIVED IN:				
_	1.	FROM:		TO	
	2.	FROM:		то	
Print:					
Signature:			Date:		

MENTOR REFERENCE QUESTIONNAIRE

To: (PRINT)		(Reference)	
From: (PRINT)			
		onal Guard Youth Challenge Academy. I will . The goal is to be a support and a resource	
Please circle all that apply: 1) A	An employee/former emplo	yee 2) Personal 3) Professional	
1. How long have you known th	nis person?		
Please indicate where this person ((1 = least, 5 = most, if unknown, d	falls on the below listed scale lenote `unknown')	es by circling a number	
2. DEPENDABILITY (Keeps com	mitments, is on time, follo	ws through):	
1 2 3 Unreliable	4 5 Dependable	Unknown	
lifestyles, is open to changes	in routine):	eople who have different values and	
1 2 3 Rigid	4 5 Flexible	Unknown	
4. SELF CONFIDENCE (Is secure	-	risks, can be assertive):	
1 2 3 Insecure	4 5 Self Confident	Unknown	
5. INTERACTION WITH OTHER		ers, handles conflict effectively)	
1 2 3 Interacts poorly	4 5 Interacts Well	Unknown	
6. What are this person's prin	mary strengths?		
7. What information can you	provide regarding this p	erson's interactions with young people?	
Additional Comments:			
Signature:		Date:	
Telephone number:		Email:	

MENTOR REFERENCE QUESTIONNAIRE

To: (PRINT)		(Reference)		
From: (PRINT)		(Mentor Prospect)		
		ional Guard Youth Challenge Academy. I will be . The goal is to be a support and a resource for the		
Please circle all that apply: 1) Ar	n employee/former emplo	oyee 2) Personal 3) Professional		
1. How long have you known this	s person?			
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4. SELF CONFIDENCE (Is secure,	5			
Insecure	Self Confident	Unknown		
5. INTERACTION WITH OTHERS 1 2 3 4	(Gets along well with oth 5	ners, handles conflict effectively)		
Interacts poorly		Unknown		
6. What are this person's prim	ary strengths?			
7. What information can you p	provide regarding this p	person's interactions with young people?		
Additional Comments:				
raditional comments.				
6 .				
Signature:		Date:		
Telephone number:		Email:		
	-			