

IDAHO YOUTH CHALLENGE ACADEMY



Today's ChalleNGe...Tomorrow's Success

MENTOR NOMINEE APPLICATION

(Step Three)

- Application for Class: January 12, 2019 to June 15, 2019
 July 20, 2019 to December 21, 2019

Submit your application by mail, email, or fax

Idaho Youth ChalleNGe Academy

117 Timberline Drive, Pierce, ID 83546

Main Campus: 1-(208) 464-1253

Fax: 1-(208) 464-1443

www.idyouthchallenge.com

Mentor Staff:

Dan Drover
Mentor Coordinator
(208) 464-1467
ddrover@idyouthchallenge.com

Harv Nelson
Programs Coordinator
(208) 464-1462
hnelson@idyouthchallenge.com



Idaho Youth Challenge Academy Mentor Application



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SPECIAL INSTRUCTIONS FOR FINDING YOUR MENTOR NOMINEE(S)!

Dear Idaho Youth Challenge Academy **Applicant and Parent(s)**,

Idaho Youth Challenge Academy is a 17 ½ month program. The time spent living at the program site is called the residential phase. The 12 months after the Cadet returns home is referred to as the post-residential or mentoring phase. During both of these phases the Cadet is required to be in contact with his/her Mentor weekly, beginning as soon as the two are officially matched (sometimes sooner). All Cadets must have a Mentor. No exceptions will be made.

Qualifications for your Mentor Nominee(s):

1. Must be the same gender as the youth.
2. Should be at least 25 years old.
3. Must **NOT** be a member of the family (including parents, in-laws, 'significant others' of parents, siblings, etc.), nor a current or past resident of the same address.
4. Should live within a reasonable distance of where the youth will live during the **post-residential phase**. Reasonable distance is defined as the distance acceptable to both the Mentor and the youth.
5. **Must consent to a criminal history background check. This check must be free of any sex crimes. It must also be free of felonies and alcohol or substance abuse within the last five years.**
6. Must have a desire to volunteer a required minimum amount of their time for the youth and the program.

Prior to acceptance, the youth applicant must recruit ONE DEPENDABLE ADULT ROLE MODEL - called a MENTOR NOMINEE - that meets the criteria listed above and that can attend the 3-4 hour Mentor Training. This training is available at scheduled times, at different sites around the state, after each IDYCA session begins. It is your responsibility to keep your Mentor Nominee informed about your acceptance status. The youth does not need to know the adult but should do the "asking" for their help. The Mentor Brainstorm Worksheet is provided for your use and has helped 9 out of 10 youth find dependable mentor nominees.

We suggest the following as good sources for Mentor recruits:

1. Ask retired adults from your community.
2. Ask at local Churches for interested members.
3. Ask at local Civic Organizations (Lion's, Kiwanis, Rotary, Elk's, VFW, etc.).
4. Ask work associates, friends, or neighbors of immediate or extended family members.
5. Ask your community protectors such as firemen and police officers.
6. Ask National Guard members from your community.
7. Ask school teachers, counselors, coaches, ROTC leaders, military recruiters, and pastors.

If you have any questions regarding any of the Mentor Application forms, or the mentoring program, feel free to contact a member of our admissions or mentoring team.

Sincerely,

Dan Drover
 Mentor Coordinator
 (208) 464-1467
 ddrover@idyouthchallenge.com

Harv Nelson
 Programs Coordinator
 (208) 464-1462
 hnelson@idyouthchallenge.com



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✓ Finding a Mentor Worksheet

Use this worksheet to help you network. Don't concentrate on what a mentor is or needs to do, just fill in as many names of people that you or someone else may know. These do not need to be people that anyone knows well. Get as many people as you can to help you fill in more names. The object is to come up with as many names as you can. Once finished, use the list to contact people and ask for help either to find an adult interested in mentoring, or to consider it themselves. Discuss the names with your family and pick your top three to five choices for a mentor. Contact them or ask someone that knows them better to introduce you. Explain that you are applying for a military-style academy to further your education and you need an adult teammate to mentor you. If they have questions that you are not sure about, give them the application anyway and point out the number they can call to find out more before deciding. Follow up with them in a few days. If they agree to sign up, be sure and thank them. If they decline, be sure and thank them for thinking about it, and politely ask if they may know someone else who might be interested.

Dad's Friends	Mom's Friends	Brother's Friends	Sister's Friends	Parents of Friends
Uncle's Friends	Aunt's Friends	Cousin's Friends	Past/Present Work Associates	Work Associates of Family
Neighbors	Neighbors' friends and family	Family/Friends that attend a church	Church friends of those members	Pastors
Holiday Card Lists	Retired People anyone knows	Teachers or people they know	Local Business Owners/Workers	Community Leaders
Cell Phone Directories	Email Addresses	Others		



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EXPLANATION TO POTENTIAL MENTOR VOLUNTEER

PURPOSE: Each student attending IDYCA is paired with an adult mentor, chosen by the student, to help advise, guide, and assist them throughout the goal process and following graduation. You may also submit an application to be considered as a mentor for a student who, because of their individual circumstances, is unable to find a mentor.

ATTN: MENTOR NOMINEE - *KEEP INSTRUCTION PAGES 4 – 5 FOR YOUR REVIEW*

MISSION STATEMENT

The mission of Idaho Youth Challenge Academy is to intervene in and reclaim the lives of 16-18 year old high school dropouts, producing program graduates with the values, life skills, education, and self-discipline necessary to succeed as responsible and productive citizens of Idaho.

BACKGROUND:

The Idaho Youth Academy (IDYCA) is part of the National Youth Challenge Program, authorized and funded by the Department of Defense and conducted by the National Guard. The Youth Challenge Program was established in 1993. NGYCP currently operates 40 programs in 28 states, Puerto Rico, and the District of Columbia. The goal of the program is to give dropouts a second chance to complete their high school education. One of the most important things you need to know is that the program is **voluntary** — you have to apply and compete for admission.

IDYCA is not like a regular high school and it is not easy. It is a 22-week residential program conducted in a quasi-military format that provides our principles, structure, and emphasis on discipline and personal responsibility. The student is a member of an approximately 50 person training Flight, lives in a dormitory, wears a uniform, meets military grooming standards, observes military customs and courtesies, does lots of marching, and perhaps most importantly he/she is held accountable for their words and actions. The staff is caring, dedicated, trained, and committed to helping the student; they understand and appreciate the courage and commitment it took to make the decision to attend IDYCA. They will do everything they can to help the student succeed. However, they will not cut the student any slack or go easy on them in terms of meeting our high standards. The staff uses a “hands off” approach that is tough and disciplined, yet caring and respectful, to instruct, train, and motivate the student. After graduating from IDYCA, the student continues to work with an adult mentor in a positive relationship that supports the student to apply the positive values and new skills acquired during the Residential phase. This post-graduation mentoring phase is a major factor in the overall success of IDYCA and we devote a significant amount of staff time and attention to supporting the mentoring program. **Note:** Each student is required to have a mentor to attend IDYCA and cannot complete the program without having an approved mentor.

WHAT IS MENTORING?

Mentoring is a positive one-on-one relationship between a youth and an adult that provides emotional support, advice, and guidance to help the younger person deal with the challenges of life. The goal is to help the young person gain the skills and confidence to deal with those situations and be able and responsible to make good choices in the future. Examples of challenges and situations where a mentor’s advice and guidance could be important, if not critical, include: (1) Making education and career choices (2) Seeking, performing, and holding a job (3) Managing personal finances (4) Owning a home or renting an apartment (5) Teen pregnancy and parenting skills (6) Substance abuse, etc. Your role is not to replace a parent or guardian, but to provide additional information and perspectives that might not be available to the child.

(Continued on back)



Idaho Youth Challenge Academy Mentor Application



WHAT'S EXPECTED OF YOU AS A MENTOR FOR AN IDYCA STUDENT?

If you agree to be a mentor for a specific student, or want to be considered for a mentor position with a student/applicant, you're making a commitment of time, attention, and some expense. We can't quantify any of these, however, in terms of the potential impact you could have on a young person's life; the cost is negligible and the rewards are immense. This is not a token or nominal position and you can plan on the following:

- Submitting an application that provides all requested information. MENTOR Forms H & I can be submitted separately if necessary.
- IDYCA staff will review the application and references and coordinate the required background check.
- Complete a convenient ONLINE training course (10 – 15 minute blocks of instruction) and notify IDYCA staff.
- Attend one mandatory half-day training session (3-4 hours) either at IDYCA in Pierce ID or one of the designated regional trainings. You'll be trained on IDYCA specific requirements of the mentoring program. This training will be offered on scheduled dates posted on our website.
- Maintain weekly contact with the student/mentee during the Residential Phase primarily via letter.
- After graduation, maintain weekly contact with the student/mentee for the next 12 months, with a minimum of four (4) hours of contact each month. Once a month you'll submit a brief on-line report of the student/mentee's progress. This is when the student/mentee needs you the most and your time investment is most critical to their continuing development and future success.
- IF YOU CANNOT MEET THESE EXPECTATIONS-PLEASE DO NOT APPLY.

GOALS OF MENTORING A STUDENT/GRADUATE OF THE IDYCA:

1. Create a positive one-on-one relationship built on trust, honesty, and open communication.
2. Maintain regular/on-going contact with the student throughout the program to help them keep their focus and effort in building, implementing, and attaining the goals they set for themselves while attending the Academy.
3. Help the student understand and embrace the positive qualities and traits of a responsible citizen and a successful student, employee, parent, etc.
4. Be a listener. Earn the Cadet's trust. Provide advice and guidance as the student makes decisions and deals with the inevitable issues and challenges of life.

MANDATORY ELIGIBILITY REQUIREMENTS TO BE A MENTOR:

- Should be a resident of Idaho State
- Should be at least 25 years old (some exceptions apply; former graduates must be at least 21 years old)
- Must be of the same gender/sex as the student/applicant
- Mentor cannot be an immediate relative, either by marriage or bloodline, or someone living in the same household
- Mentor must live within a reasonable distance to where the student/applicant will live during the post-residential phase (usually their hometown or not more than 50 miles). This is to minimize travel.
- Willing to MEET EXPECTATIONS OUTLINED ABOVE for up to 17 ½ -months with four contacts per month, 4-hours personal contact each month during post-residential phase.

DISQUALIFYING FACTORS:

- A history of arrest or conviction for a sex offense
- A felony conviction within the last seven years (case by case consideration beyond that)
- Any alcohol, drug, or substance abuse within the last five years
- A history of domestic violence (reports, charges, convictions)
- Failure to follow through on commitment on previous IDYCA or Challenge Academy mentorships.

SUBMITTING AN APPLICATION:

If you are interested in becoming a mentor and are able to commit to the youth AND to the program, please complete the attached application forms. **Please note and understand that we must ask for personal and sensitive information in the application process.** This information will be used to conduct a criminal background check and a sexual offender registry check by law enforcement agencies. The application forms and the information therein will be kept confidential and will only be disclosed to law enforcement agency personnel.



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IDYCA MENTOR Form A – MENTORING AGREEMENT

PURPOSE: This document must be signed in the presence of a legal guardian of the youth, the youth applicant, and the primary mentor applicant. This agreement provides the essence of why you and your youth will enter into this mentoring relationship. As a volunteer mentor prospect, you should know that your application and eventual training does not guarantee your youth will be accepted into the program, or will complete the program if they are accepted. Entering the mentor screening process through application and training will nonetheless send a very strong message to the youth that you care for their future and their success. Official mentoring will start from the “match” as designated by the academy only. If a student fails to complete the program, official mentoring will cease, but friendships cannot be mandated or managed. The parents/guardians, youth, and mentor nominee will decide in such circumstances the degree of the adult volunteer’s involvement.

IDYCA MENTOR AND YOUTH APPLICANTS AGREE TO THE FOLLOWING:

- Keep in touch through letter writing when the class begins and during the steps before being officially matched by the IDYCA Programs department. (These steps include mentor training, youth training, complete paperwork from both, adult background check, mentor screening and notification of approval.) We will not spend time alone unless the legal guardian approves or until officially matched by IDYCA.
- Commit to maintaining weekly contact through letter writing, phone, email, or any other form of communication permitted by the Academy until finished with the 17 1/2 - month program.
- Have contact at least four hours per month during the Post Residential Phase when and if the student returns to the hometown community.
- Work together in any revision of the Cadet’s Post Residential Action Plan (P-RAP).
- Notify each other in advance if it is impossible to keep an appointment.
- Do our best to get to know, trust, respect, and communicate with each other.
- Allow the IDYCA staff to mediate if the match has to end early for any reason.
- Update the IDYCA staff monthly, at the end of our 17 1/2-month agreement, decide our plans, and celebrate our time together.

SIGNATURES:

We understand these terms of the Mentoring Agreement and will abide by them if officially matched by Idaho Youth Challenge Academy.

Mentor Nominee Printed Name & Signature	____/____/____ Date
Youth Applicant Printed Name & Signature	____/____/____ Date
Parent / Legal Guardian Printed Name & Signature	____/____/____ Date



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IDYCA MENTOR Form B – MENTOR NOMINEE INFORMATION

NAME OF STUDENT YOU WISH TO MENTOR: _____

PROSPECTIVE MENTOR INFORMATION:

NAME: _____ **Gender:** M / F _____ **Date of Birth:** ____/____/____
Last First Middle

ADDRESS:	Home Phone:
Street	Cell Phone:
City County State Zip code	Message Phone:

Email Address: _____

Ethnicity: African American (Black) Asian American Native American / Alaska Native
 Native Hawaiian / Other Pacific Islander Middle Eastern American European American (White)
Hispanic / Latino American (of any race) Yes or No

Marital Status: Married Divorced Single Widowed

How long have you been a resident of Idaho State? _____

What other states have you lived in during the last ten years? _____

Are you related to this youth? No Yes, How? _____

Do you speak more than one language? No Yes, which ones? _____

What are your interests and/or hobbies? _____

If this match does out work out, would you consider mentoring another youth from your area? Yes or No

EMPLOYMENT INFORMATION:

Employer: _____ **Job Title:** _____ **Work Phone:** _____

Address: _____
Address City State Zip Code

Employment Status: Full Time Part Time Temporary Volunteer Retired Unemployed **Dates of employment:** ____/____/____ To ____/____/____

EDUCATION INFORMATION:

High School Graduate? Yes or No GED? Yes or No Year: _____

College / University or Tech. School: _____ Years Attended: _____ Degree: _____

If you have any questions or concerns about IDYCA, please call:

Dan Drover
Mentor Coordinator
(208) 464-1467
ddrover@idyouthchallenge.com



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IDYCA MENTOR Form C – MENTOR TRAINING COMMITMENT

PURPOSE: Opportunities will be scheduled near you and in Pierce, for you to complete your 3-4 hour training. You may call our offices for available dates or visit www.idyouthchallenge.com to check the IDYCA calendar. Contact Mentor Coordinator, Dan Drover (ddrover@idyouthchallenge.com or 208-464-1467) if you cannot make any of the dates - to make other arrangements.

MENTOR COMMITMENT:

Initial each line below acknowledging you are aware of the information and training requirements.

_____ I am applying to become this young person's mentor to provide an additional listening ear, caring heart, and positive adult role model. I will do my best to set a good example and follow through with my commitment regardless of the youth's progress.

_____ I am committing to this young person and will do my best to attend the 3-4 hour Mentor Training.

_____ I understand that my training requirement will prepare me for Idaho Youth Challenge Academy's mentoring relationship and that in attending I am already planting a seed of help in the life of this youth.

_____ I accept the possibility that the youth may not act as responsible as I would like in the beginning of our relationship, that my efforts may not be repaid by his or her gratitude during this time, and that if the youth quits at any time I am welcome but not obligated to continue in the mentoring program.

_____ I have reviewed the ONLINE training requirement on the Idaho Youth Challenge Academy website and have either begun this training at my own leisure or will begin it within the next few weeks. I understand this is a pre-requisite to attending the mandatory 'in-person' training.

- <http://www.idyouthchallenge.com> - Go to Mentor Tab and Mentor Training to complete.

_____ {Optional} I have reviewed the opportunity dates on Idaho Youth Challenge Academy's website and I have contacted the Mentoring Office and would like to reserve for:

Date: _____ in (location) _____

SIGNATURE:

Mentor Nominee Printed Name & Signature

____/____/_____
Date



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IDYCA MENTOR Form D – MENTOR LIABILITY RELEASE

PURPOSE: This form advises you that you are agreeing to hold the State of Idaho / Idaho Youth Challenge Academy harmless for injuries, damages, or losses you may incur as a result of volunteering to become a mentor and participating in mentoring activities. Further, as a mentor you are not considered an agent, employee, or representative of the State of Idaho, State of Idaho Military Division, Idaho National Guard and Idaho Youth Challenge Academy and therefore not covered under any state/agency insurance or Labor and Industries disabilities coverage for any expenses, injuries damages, or losses you incur as the result of your participation as a mentor.

I understand and agree to the following:

1. **VOLUNTEER MENTOR ACTIVITIES** – While volunteering as a mentor I will be engaging in school-based and community-based mentoring activities with my matched IDYCA Cadet Mentee. These activities may include a variety of interactions between my mentee and myself to include: letter writing/email correspondence, telephone calls, and day visits on and off Idaho Youth Challenge Academy (IDYCA) campus during the residential phase. These visits may have inherent risks such as physical activities, community service projects or recreational activities. I recognize that I must exercise care in supervising my mentee during the residential and post-residential phase of the mentoring relationship; including planning and selecting the type of activities we participate in during our visits together. Further, I understand that the goal of mentoring is to develop a positive adult/youth relationship. I agree that I am responsible for choosing and conducting all activities with my mentee and I agree that such activities will be legal and focus on trust and relationship building, open communication, mentee social skill building, and other related activities will be conducted in the State of Idaho during both the residential and Post Residential Activity Phase (P-RAP).
2. **VOLUNTEER MENTOR STATUS** – I am not an agent, employee, or representative of the State of Idaho / IDYCA in my capacity as a mentor, nor will I claim to be such a representative, officer, or employee of IDYCA. I will not make any claim of right, privilege or benefit that would accrue to such an employee. I do not expect to receive any monetary wages for services rendered during the mentoring period and understand as a volunteer I am not covered for any injury, damage, or loss suffered while acting in the capacity as a mentor. I understand that if I use my private motor vehicle in the course of my volunteer mentor duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle and to maintain the appropriate legally required vehicle operator’s license. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment I use while performing as a volunteer mentor. IDYCA, Idaho Military Division, and the State of Idaho will not provide any liability or other insurance coverage.
3. **HOLD HARMLESS** – The Mentor will hold harmless IDYCA, Idaho Military Division, State of Idaho, Idaho National Guard, and its employees or agents while performing his/her mentoring activity, from any and all costs, claims, judgments, and/or awards of damages (both to persons and/or property), which may accrue to or be suffered by any person(s), or property, arising out of mentoring activities.
4. The Mentor agrees to and hereby does waive any and all claims for personal injury and damages or losses to property, including expenses or lost revenues, in connection with mentoring activities.
5. In case any claim, suit or action is brought against IDYCA, Idaho Military Division, State of Idaho, Idaho National Guard, and its employees, arising out of the mentoring activity, the mentor shall, upon notice of such claim, suit or action, defend the same at his/her sole expense and satisfy any judgment and/or award of damages.
6. This indemnification and waiver shall survive the termination of this release.

SIGNATURES:

____/____/____
Date

____/____/____
Date

IF NOT SIGNED, THIS APPLICATION WILL NOT BE ACCEPTED



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IDYCA MENTOR Form E – PERSONALLY IDENTIFIABLE INFORMATION (PII) PERMISSION

PURPOSE: Pursuant to the Privacy Act of 1974 this document is to inform you about personally identifiable information (PII), the need for its collection, storage, and use for IDYCA operation, and the care taken in this effort for your protection. The statement "personally identifiable information" means any information relating to an identified or identifiable individual who is the subject of the information. However, combinations of the information may create a situation where the sensitivity of the aggregate information warrants restrictions on its use and disclosure.

It may be difficult to define the level of sensitivity of every combination of PII. Therefore, good judgment must be exercised when handling PII in order to prevent disclosure. Sensitive PII, such as name and social security number (SSN), must be safeguarded at all times.

WHAT CONSTITUTES PII?

Any combination of two or more of the following items can be used to compromise a person’s identity.

- Name
- Financial Data
- Mother’s maiden name
- Fingerprints, DNA
- Home address / phone number / email address
- DOB / Place of birth
- Employment history
- Nonpublic use photos
- Health information
- Social Security number
- Driver’s license number
- Vehicle license number
- Criminal history

It is the intent of Idaho Youth Challenge Academy to provide the following policy and procedures on personally identifiable information collected within our application and intake process.

The information contained in each Mentor Nominee’s records is confidential, proprietary and protected pursuant to Federal regulations; it is intended only for the use of the individual or entity for which it is directed. This information will not be copied, distributed, used or shared in any manner that would otherwise jeopardize the identity or safety of the person it is regarding.

The data collected will be used for the purpose of Mentor Nominee’s admission, screening, temporary school district enrollment, educational / employment / volunteer placement, and program geographical, historical, and statistical information for the continuation of the program and to benefit the youth it serves.

If, as specialized services are developed in the future, an individual is requested to provide more information, the information will be handled as it would be on an in-person visit to the office of the State Department of Education. Users should be aware that any inquiry or correspondence sent to the State Department of Education may become a public record and may be subject to disclosure under the Idaho Code, 9-337.

It is the understanding of the mentor applicant that IDYCA will take precautions to protect all personally identifiable information. It is the understanding of the mentor applicant that the collection, storage, and use of PII data is crucial to the successful operation of the 17 ½ month IDYCA, the National Guard Youth Challenge Program, and its agents. The mentor applicant hereby authorizes Idaho Youth Challenge Academy Program and its agents to collect, store, release, and use this information for the purposes described herein.

SIGNATURES:

Mentor Nominee Printed Name & Signature

____/____/____
Date

Witness Printed Name & Signature

____/____/____
Date



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IDYCA MENTOR Form F – AUTHORIZATION FOR MENTOR BACKGROUND CHECK

PURPOSE: This form asks direct questions about your background that must be answered in order for us to conduct the necessary background check. The questions are necessarily personal and sensitive—as would be expected when the safety and security of a young person is involved.

NAME OF STUDENT YOU WISH TO MENTOR: _____

In order to process your application to be a mentor for a student attending IDYCA, we must conduct a reference check and a criminal background check. The information listed on the Prospective Mentor Information Form B and this document is used to conduct the background investigation. IDYCA staff will not disclose this information to any third party not involved in conducting that investigation. IDYCA does not discriminate on the basis of ethnicity, color, creed, sex, age, or religion.

NAME: _____		SSN: _____	
Last	First	Middle	
Note: Your Social Security Number is necessary for obtaining the background check . If you prefer not to disclose it, please contact our office about obtaining and providing a fingerprint criminal history background check at your own expense.			
Have you ever been arrested for a sex-related crime? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain incident (specify state & date): _____			
Have you ever been convicted of a sex-related crime? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Have you ever been arrested for a crime involving force and/or minors? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain incident (specify state & date): _____			
Have you ever been convicted of a crime involving violence or threat of violence? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain incident (specify state & date): _____			
Do you have a history of physical abuse and/or domestic violence? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, was a police report filed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Does not apply
If YES, were charges filed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Does not apply
If YES, were you convicted?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Does not apply
Have you ever been convicted of a crime involving drug activity or alcohol related offenses? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain incident (specify state & date): _____			
Do you have a history of alcohol, drug, or substance abuse? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Have you ever been convicted of a crime, other than a minor traffic violation? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If YES, What was the crime? _____		Outcome? _____	
Have you been arrested for a crime and are awaiting formal filing of charges or trial? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
If YES, what was the arrest for? _____		Current Status? _____	
Driver's license #: _____		State: _____	Expiration Date: ____/____/____
Auto insurance company: _____		Agent: _____	

*****Please attach a photocopy of your Driver's License and valid Driver's Liability Insurance Card. Processing of your application may be delayed if not provided with this form.*****



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(Continued on back)

IDYCA MENTOR Form F – AUTHORIZATION FOR MENTOR BACKGROUND CHECK (cont.)

STATEMENT OF CONFIDENTIALITY

While serving as a mentor for a student in Idaho Youth Challenge Academy, you will gain information that may be considered personal and/or confidential and should be treated accordingly. Besides breaching the trust that is the foundation of your mentoring relationship, an improper disclosure to an unauthorized third party could constitute a violation of Idaho law and make you subject to legal action. All records dealing with your student/mentee must be treated as confidential.

RELEASE OF INFORMATION

I hereby grant to Idaho Youth Challenge Academy, the Idaho National Guard, and appropriate law enforcement agencies permission to check my references and civil or criminal records to verify any information provided in this application. My signature below certifies that I have read the above material and understand the purpose and nature of the background investigation. Further, I understand my duty as a mentor to abide by the laws of the State of Idaho and the laws and policies governing the preservation of confidential information.

SIGNATURES:

Mentor Nominee Printed Name & Signature

____/____/____
Date

Witness Printed Name & Signature

____/____/____
Date

We thank you for your interest and commitment to helping this student. Your support and guidance will be critical to his or her success at the IDYCA and in the post-graduation period as they move into the next phase of their lives.

Submit your Mentor Nominee Application by mail, email, or fax:

Idaho Youth Challenge Academy

117 Timberline Drive, Pierce, ID 83546

Main Campus: 1-(208) 464-1253

Fax: 1-(208) 464-1443

www.idyouthchallenge.com

Mentor Staff:

Dan Drover

Mentor Coordinator

(208) 464-1467

ddrover@idyouthchallenge.com

Harv Nelson

Programs Coordinator

(208) 464-1462

hnelson@idyouthchallenge.com



IDYCA MENTOR Form G – PERSONAL REFERENCE INFORMATION

PURPOSE: This form asks you to provide three personal references, only one may be a relative. A personal reference should be someone who knows you well enough to provide good insight into your personality and overall character. You may use two of these references when asking friends and associates to complete the following reference response forms about you.

1. REFERENCE: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Relationship to applicant: Friend Relative Neighbor Work Associate Other:

2. REFERENCE: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Relationship to applicant: Friend Relative Neighbor Work Associate Other:

3. REFERENCE: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Relationship to applicant: Friend Relative Neighbor Work Associate Other:



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IDYCA MENTOR Form H – MENTOR PERSONAL REFERENCE

PURPOSE: This form is to be completed by the mentor nominee’s personal reference. A personal reference should be someone who knows you well enough to provide good insight into your personality and overall character. You need **two** of these written references (**one personal and one professional**) and they can be submitted concurrently with your application.

NAME OF STUDENT TO BE MENTORED: _____
NAME OF MENTOR NOMINEE: _____
NAME OF PERSONAL REFERENCE: _____

_____ is applying to be a mentor for a student attending Idaho Youth Challenge Academy (IDYCA). In processing this application, it is important that we have additional insight into his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at (208) 464-1467.

How long have you known the Mentor Nominee? _____ Years _____ Months																																										
What is your relationship to the applicant? _____																																										
As far as you know, does the Mentor Nominee have a good home environment? <input type="checkbox"/> Yes <input type="checkbox"/> No																																										
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SIGNATURE & CONTACT INFORMATION:

_____ Personal Reference’s Printed Name	____/____/____ Date		
_____ Personal Reference’s Signature	_____ Phone Number		
_____ Address	_____ City	_____ State	_____ Zip Code

You can either return this form to the Mentor Nominee or submit to the Main Campus office.



Idaho Youth Challenge Academy Mentor Application



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Idaho Youth Challenge Academy Mentor Application



IDYCA MENTOR Form I – MENTOR PROFESSIONAL REFERENCE

PURPOSE: This form is to be completed by the mentor nominee’s professional reference. A professional reference is a recommendation from a person who can vouch for your qualifications for a job. You need **two** of these written references (**one personal and one professional**) and they can be submitted concurrently with your application.

NAME OF STUDENT TO BE MENTORED: _____
NAME OF MENTOR NOMINEE: _____
NAME OF PROFESSIONAL REFERENCE: _____

_____ is applying to be a mentor for a student attending Idaho Youth Challenge Academy (IDYCA). In processing this application, it is important that we have additional insight into his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at (208) 464-1467.

How long have you known the Mentor Nominee? _____ Years _____ Months																																										
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