MENTOR APPLICATION

(Step Three)

After acceptance, the Mentor Application must be submitted in its entirety, before arriving at the Academy on the first day.

Submit your application by mail, email, or fax to:

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
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SPECIAL INSTRUCTIONS FOR FINDING YOUR MENTOR NOMINEE(S)!

Dear Idaho Youth ChalleNGe Academy Applicant and Parent(s),

The Idaho Youth ChalleNGe Academy (IDYCA) 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 recruiting a Mentor:
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 IDYCA 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

(Revised August 2019)
Finding a Mentor Brainstorm 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, to either find an adult interested in mentoring, or to consider doing 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.

<table>
<thead>
<tr>
<th>Dad’s Friends</th>
<th>Mom’s Friends</th>
<th>Brother’s Friends</th>
<th>Sister’s Friends</th>
<th>Parents of Friends</th>
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<tr>
<th>Uncle’s Friends</th>
<th>Aunt’s Friends</th>
<th>Cousin’s Friends</th>
<th>Past/Present Work Associates</th>
<th>Work Associates of Family</th>
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<tr>
<th>Neighbors</th>
<th>Neighbors’ friends and family</th>
<th>Family/Friends that attend a church</th>
<th>Church friends of those members</th>
<th>Pastors</th>
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<tr>
<th>Holiday Card Lists</th>
<th>Retired People anyone knows</th>
<th>Teachers or people they know</th>
<th>Local Business Owners/Workers</th>
<th>Community Leaders</th>
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<th>Cell Phone Directories</th>
<th>Email Addresses</th>
<th>Others</th>
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(Revised August 2019)
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 the 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 ChalleNGe Academy (IDYCA) is part of the National Youth ChalleNGe Program (NGYCP), authorized and funded by the Department of Defense and conducted by the National Guard. The NGYCP was established in 1993, and 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 be enrolled at 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 youth.

(Continued on next page)
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 (1) mandatory, half-day training session (3-4 hours), either at IDYCA in Pierce, Idaho, or at 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 short online report of the student/Mentee’s progress. After graduation 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 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 (4) contacts per month/four (4) hours of personal contact each month during the 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 commitments with previous IDYCA or other NGYCP mentorship obligations.

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 with law enforcement agencies. The application forms and the information therein will be kept confidential and will only be disclosed to law enforcement agency personnel.
IDYCA MENTOR AND YOUTH APPLICANT AGREE TO THE FOLLOWING:

☐ Keep in touch, through letter-writing when the class begins, and during the application steps, before being officially matched by the IDYCA Programs department. (These application 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 parent/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 17-½ month Program.

☐ Have contact at least four (4) hours per month during the Post-Residential Phase, when and if the student returns to the hometown community.

☐ Work together on any revision to 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.

☐ Keep the IDYCA staff updated monthly. At the end of our 17-½ 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 the Idaho Youth ChalleNGe Academy.

____________________________
Mentor Nominee Printed Name & Signature

____________________________
Youth Applicant Printed Name & Signature

____________________________
Parent / Legal Guardian Printed Name & Signature

_____/_____/______
Date

_____/_____/______
Date

_____/_____/______
Date

PURPOSE: This document must be signed in the presence of a parent/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/legal guardians, youth, and mentor nominee will decide in such circumstances the degree of the adult volunteer’s involvement.
## IDYCA MENTOR Form B – MENTOR NOMINEE INFORMATION

**NAME OF STUDENT YOU WISH TO MENTOR:**

**PROSPECTIVE MENTOR INFORMATION:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender: M / F</th>
<th>Date of Birth: __/<strong>/</strong></th>
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<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
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**PHYSICAL ADDRESS:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip code</th>
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<tbody>
<tr>
<td>Home Phone:</td>
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**Cell Phone:**

**Message Phone:**

**MAILING, IF DIFFERENT:**

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<tr>
<th>PO Box/RR/HC</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

**Email Address:**

**Ethnicity:**

<table>
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<tr>
<th>African American (Black)</th>
<th>Asian American</th>
<th>Native American / Alaska Native</th>
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<tbody>
<tr>
<td>Native Hawaiian / Other Pacific Islander</td>
<td>Middle Eastern American</td>
<td>European American (White)</td>
</tr>
</tbody>
</table>

**Hispanic / Latino American (of any race):**

| Yes | No |

**Marital Status:**

| Married | Divorced | Single | Widowed |

| 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 not work out, would you consider mentoring another youth from your area? | Yes | No |

**EMPLOYMENT INFORMATION:**

<table>
<thead>
<tr>
<th>Employer:</th>
<th>Job Title:</th>
<th>Work Phone:</th>
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<tr>
<th>Address:</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Employment Status:</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Temporary</th>
<th>Volunteer</th>
<th>Retired</th>
<th>Unemployed</th>
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<tr>
<th>Dates of Employment:</th>
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**EDUCATION INFORMATION:**

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<tr>
<th>High School Graduate?</th>
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<th>No</th>
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<tr>
<th>GED?</th>
<th>Yes</th>
<th>No</th>
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| Year: | |

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<tr>
<th>College / University or Tech. School:</th>
<th>Years Attended:</th>
<th>Degree:</th>
</tr>
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**Dan Drover**

Mentor Coordinator

(208) 464-1467
ddrover@idyouthchallenge.com

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(Revised August 2019)
**IDYCA MENTOR Form C – MENTOR TRAINING COMMITMENT**

**PURPOSE:** Opportunities will be scheduled near you and in Pierce, Idaho, for you to complete your 3-4 hour in-person training. You may call the Academy for available training dates/locations, or visit [www.idyouthchallenge.com](http://www.idyouthchallenge.com) to view the IDYCA Calendar. Contact Mentor Coordinator, Dan Drover (ddrover@idyouthchallenge.com or 208-464-1467) if you cannot make any of the training dates and need 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 _________________________________’s (Mentee Name) mentor, in order 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 required 3-4 hour Mentor Training.

- I understand that my training requirement will prepare me for the Idaho Youth ChalleNGe Academy's mentoring relationship, and 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 responsibly as I would like in the beginning of our relationship, and that my efforts may not be repaid by his or her gratitude during this time. Also, I accept that if the youth quits at any time, I am welcome, but not obligated to continue in the IDYCA 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.
  - Visit [http://www.idyouthchallenge.com](http://www.idyouthchallenge.com) → Mentor Tab \ Mentor Training to complete.

- I understand that I am required to attend regional in-person training, and have a valid email in my application for the Mentor Coordinator to contact me to reserve a space. (Staff will post regional in-person training dates and times on the website listed above, after the Cadet is in residence.)

**SIGNATURE:**

---

Mentor Nominee Printed Name & Signature

Date

(Revised August 2019)
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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 (IDYCA), and therefore, are 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 the 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 in which we participate 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/relationship building, open communication, social skill building, and other related activities conducted in the State of Idaho, during both the Residential Phase and Post-Residential 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 Phase, and understand, that 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:

________________________
Mentor Nominee Printed Name & Signature

________________________
Date

IF NOT SIGNED, THIS APPLICATION WILL NOT BE ACCEPTED.

(Revised August 2019)
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 the 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 screening, certification, 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 the Idaho Youth ChalleNGe Program and its agents to collect, store, release, and use this information for the purposes described herein.

**SIGNATURES:**

Mentor Nominee Printed Name & Signature ___________________________ Date __________/________/_______
**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.**
STATEMENT OF CONFIDENTIALITY
While serving as a Mentor for a student in the 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 the 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 __/____/______

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 IDYCA and in the Post-Residential Phase, as they move into the next phase of their lives.

Submit your application by mail, email, or fax to:

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

(Revised August 2019)
**IDYCA MENTOR Form G – PERSONAL REFERENCE INFORMATION**

**PURPOSE:** This form asks you to provide three personal references, only one of which 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:**
   - [Name] [Name] [Name]
   - Address: [Address] [City] [State] [Zip code]
   - Home Phone: [Home Phone] Cell Phone: [Cell Phone] Work Phone: [Work Phone]
   - Email: [Email]
   - Relationship to applicant: [ ] Friend [ ] Relative [ ] Neighbor [ ] Work Associate [ ] Other:

2. **REFERENCE:**
   - [Name] [Name] [Name]
   - Address: [Address] [City] [State] [Zip code]
   - Home Phone: [Home Phone] Cell Phone: [Cell Phone] Work Phone: [Work Phone]
   - Email: [Email]
   - Relationship to applicant: [ ] Friend [ ] Relative [ ] Neighbor [ ] Work Associate [ ] Other:

3. **REFERENCE:**
   - [Name] [Name] [Name]
   - Address: [Address] [City] [State] [Zip code]
   - Home Phone: [Home Phone] Cell Phone: [Cell Phone] Work Phone: [Work Phone]
   - Email: [Email]
   - Relationship to applicant: [ ] Friend [ ] Relative [ ] Neighbor [ ] Work Associate [ ] Other:
NAME OF STUDENT TO BE MENTORED: ______________________________________________________

NAME OF MENTOR NOMINEE: ____________________________________________________________

NAME OF PERSONAL REFERENCE: _______________________________________________________

is applying to be a Mentor for a student attending the 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?   ☐ Yes ☐ No

Does the Mentor Nominee work well with others?   ☐ Yes ☐ No

Does the Mentor Nominee have a tendency to over-commit/get involved in too many things? ☐ Yes ☐ No

Please rate the Mentor Nominee in the following areas:

Character   ☐ Excellent ☐ Good ☐ Average ☐ Poor ☐ Unknown

Morals   ☐ ☐ ☐ ☐ ☐

Compassion   ☐ ☐ ☐ ☐ ☐

Completes commitments   ☐ ☐ ☐ ☐ ☐

Emotional stability   ☐ ☐ ☐ ☐ ☐

Reachable (returns calls, emails, etc.)   ☐ ☐ ☐ ☐ ☐

Would you recommend the Mentor Nominee as a good choice to work with a teenager? ☐ Yes ☐ No

Would you want this applicant to mentor your own youth (or niece, nephew, etc.)? ☐ Yes ☐ No

SIGNATURE & CONTACT INFORMATION:

Personal Reference’s Printed Name   ____________________________   ______/_____/_____

Personal Reference’s Signature   ____________________________   Date

Address   City   State   Zip Code   Phone Number

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

Mentor Application

(Revised August 2019)
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 the 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.

<table>
<thead>
<tr>
<th>How long have you known the Mentor Nominee?</th>
<th>_______</th>
<th>Years</th>
<th>_______</th>
<th>Months</th>
</tr>
</thead>
</table>

What is your relationship to the applicant? __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>As far as you know, does the Mentor Nominee have a good home environment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Mentor Nominee work well with others?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the Mentor Nominee have a tendency to over-commit/get involved in too many things?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Please rate the Mentor Nominee in the following areas:  

<table>
<thead>
<tr>
<th>Character</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morals</td>
<td></td>
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<tr>
<td>Compassion</td>
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<tr>
<td>Completes commitments</td>
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<tr>
<td>Emotional stability</td>
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<td></td>
</tr>
<tr>
<td>Reachable (returns calls, emails, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you recommend the Mentor Nominee as a good choice to work with a teenager?  

| Yes  | No |

Would you want this applicant to mentor your own youth (or niece, nephew, etc.)?  

| Yes  | No |

SIGNATURE & CONTACT INFORMATION:

__________________________

Personal Reference’s Printed Name

__________________________

Personal Reference’s Signature

_______/_______/_______  

Date

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Phone Number

__________________________

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

(Revised August 2019)