Today’s ChalleNGe...Tomorrow’s Success

YOUTH APPLICATION

(Step One)

The Youth & Medical applications must be submitted in their entirety before consideration can be given for acceptance. Please do not wait until all pages are complete. Submit pages as you complete them.

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

Admissions Staff:
Greg Billups
(208) 464-1491
gbillups@idyouthchallenge.com

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

Nicole Cleveland
(208) 464-1468
ncleveland@idyouthchallenge.com
Three Step Process for applying to the Idaho Youth ChalleNGe Academy:

PURPOSE: These information pages (1-5) provide you a general overview of the Youth ChalleNGe Program and the Idaho Youth ChalleNGe Academy (IDYCA). The more you know and understand about the Program, the better you’ll be able to decide if this Program is for you. Keep these pages for your reference.

Step One – Youth Application: Please complete all the Youth Application Forms (A - N), leaving no questions blank. Submit these along with a copy of:

1. Applicant’s Social Security Card
2. State ID Card
3. US birth certificate or INS Proof of Permanent Residency card (I-551)
4. High School Transcript to the Academy address listed below.

- Unless otherwise noted, all forms should be filled out legibly by the youth applicant, and then signed and dated by both the youth and parent/guardian where indicated.
- Always make copies of everything you mail for your own records. These forms may be submitted to Admissions Staff at a scheduled Orientation or mailed. We recommend faxing or emailing scanned forms to our Admissions Staff at the contact information listed below.
- Once you have submitted Step One, begin Step Two immediately.
- IDYCA Admissions Staff will review your initiated application (from Step One) and contact you concerning possible missing forms and to prompt submission of Step Two.

Step Two – Medical Application: To ensure Applicants are physically and mentally sound for participating in the Idaho Youth ChalleNGe Academy.

- IDYCA Applications will be submitted to an “Admissions Panel”.
- Selection is based on meeting our criteria with the oldest and most at-risk given priority.
- If your application is recommended for pre-acceptance – youth and parent/guardian will be invited to attend an Orientation, scheduled prior to the class start date.

ORIENTATION:
- At least one parent or guardian should be present at an Orientation.
- During Orientation youth should be prepared to:
  - Have a personal interview with an IDYCA Staff member or representative.
  - Participate in a brief “Cadet Life” experience, supervised by IDYCA Cadre Staff.
  - Review and complete any incomplete forms.

Step Three – Mentor Application: Forms need to be given to your mentor nominee to be completed in a timely manner and submitted to IDYCA’s Mentor Coordinator:

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

Greg Billups (208) 464-1491
gbillups@idyouthchallenge.com

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

Nicole Cleveland (208) 464-1468
ncleveland@idyouthchallenge.com

Idaho Youth ChalleNGe Academy
117 Timberline Drive, Pierce, ID 83546
Main Campus: 1-(208) 464-1253
Fax: 1-(208) 464-1443
www.idyouthchallenge.com

Admissions Staff:
ABOUT THE IDAHO YOUTH CHALLENGE ACADEMY

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, 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.

HOW DOES THE PROGRAM WORK?
IDYCA is a fully-accredited Idaho high school, but not like any other high school or alternative school you have attended. It is not easy. The 17-½ month process has two phases. First, a 22-week Residential Phase is conducted in a quasi-military environment that fosters our principles, structure and emphasis on self-discipline and personal responsibility. You’ll be a member of approximately a 50-person training Flight, live in a dormitory, wear a uniform, meet military grooming standards, observe military customs and courtesies, do lots of marching, and perhaps most importantly, you will be held accountable for your words and actions. The Staff is caring, dedicated, trained, and committed to helping you; they understand and appreciate the tough decision you’ve made to come to the IDYCA and they will do everything they can to help you succeed. However, they won’t cut you any slack or go easy on you. You have to comply with our rules and meet our standards. The Staff uses a “hands off” approach that is tough and disciplined, yet caring and respectful, in order to instruct, train, and motivate you. After graduating from the Residential Phase, you will continue in a mandatory 12-month Post-Residential/Mentoring Phase to help you maintain the positive values and skills you acquired during the Residential Phase.

WHO IS A GOOD CANDIDATE TO ATTEND THE IDYCA?
We outline the mandatory eligibility criteria in Form A. However, beyond that, we are looking for youth who recognize the need to improve their education level and employment potential and are ready to make the effort and commitment to try their hardest to succeed. This has to be the choice of the youth.

WHAT CAN YOU ACHIEVE AT THE IDYCA?
Academically, depending on your age and how many high school credits you’ve already earned, you may:

1. Earn up to 14 credits and return to your regular high school or alternative school.
2. Complete the GED requirements and advance to higher education.
3. Earn a High School Diploma from IDYCA - we are fully-accredited.

Personally, you will learn a great deal about yourself and be amazed at what you achieve and how much you’re capable of doing. Graduating from IDYCA has the potential to change your life forever and give you the desire, confidence, and tools to build a better life for yourself.

(Continued on next page)
WHAT WILL YOU DO WHILE ATTENDING THE IDYCA?

There are eight (8) elements to the core curriculum:

- **Academic Excellence** – You will take classes established by the local school district that will help you to advance your academic standing and earn up to 14 credits. Our certified teaching staff is provided by Joint School District #171 and classes will be small enough to ensure lots of individual help and attention.

- **Leadership and Followership** – You will learn how to work in large and small groups, while developing a sense of personal responsibility and accountability.

- **Life Coping Skills** – You will learn about personal financial management, anger management, drug and alcohol avoidance strategies, and relationship building.

- **Job Skills** – You will learn basic work skills, resume writing, job interview skills, and how to look for a job. Our ‘Mock Interview / Job Fair Day’ is a highlight of every class.

- **Service to Community** – You and your classmates will each provide a minimum of 40 hours of work for government entities, non-profit organizations, or the disadvantaged.

- **Responsible Citizenship** – You will learn about our forms of government, your civic rights and responsibilities, and how to be a positive member of the community you live in.

- **Health and Hygiene** – You will practice good personal hygiene, as well as learn about good nutrition, substance abuse, and how to improve personal relationships.

- **Physical Fitness** – You will have daily exercise activities, including calisthenics, jogging, and intramural sports; you will leave IDYCA in the best shape of your life.

Your days will be full and busy, from as early as 5:00 a.m. to lights out at 9:00 p.m. You will learn to set your priorities, manage your time, and focus your attention. You will continually surprise yourself at what you can accomplish when you apply yourself.

WHAT HAPPENS AFTER I GRADUATE?

That depends on you, your age, how many credits you have towards your diploma, and what goals you set for yourself. As part of the Program, you will be required to prepare a Post-Residential Action Plan (P-RAP) for everything such as: housing, transportation, education, or career placement. You may decide to continue your education by returning to high school or going on to college or a vocational school. You might find a job, join the Job Corps, or enlist in the military. 

**NOTE:** Even though the IDYCA operates in a structured quasi-military format, it is not a military recruiting program and there is no requirement, expectation, or pressure to join the military; it is simply one of your MANY options after you complete the Residential Phase.

WHAT DOES IT COST TO ATTEND THE IDYCA?

Funding for the IDYCA is provided by the federal government and the State of Idaho. **There is no tuition cost to participate in the Program.** However, you will need to purchase a specified pair of boots, a good pair of running shoes, and other basic items found on our packing list. The specific class packing list is provided to you, if you are accepted into our Program, and is available on our website.

(Revised August 2019)
APPLICATION CHECKLIST

PURPOSE: These documents are required to apply. We recognize that the three step process is not easy and we are asking for a lot of information. It’s all necessary to help us evaluate each application and ensure that the youth selected have the best chance to complete the Program. Keep the first five pages of this application for your reference and contact our Admissions Staff for assistance or questions.

### STEP ONE – YOUTH APPLICATION & APPLICANT IDENTIFICATION

- Mandatory Eligibility Criteria – Form A (page 6)
- Applicant Background Info – Form B (pages 7-8)
- PII Permission – Form C (page 9)
- Contact Information – Form D (page 10)
- Student Goals – Form E (page 11)
- Authorization to Release – Form F (page 12)
- Family Education Rights and Privacy Act – Form G
- Dropout / Eligibility Status – Form H (page 14)
- Parent / Guardian Agreement – Form I (page 15)
- Statement of Understanding – Form J (page 16-17)
- Participation Agreement – Form K (page 18-19)
- Drug Policy – Form L (page 20)
- Legal Status Communication – Form M (page 21)
- *Juvenile Record Background Check – Form N* (page 22) – Go to your local county juvenile office to obtain your student’s Juvenile Criminal History Record.

*This form is required by all youth applicants, regardless of past history (or lack of a record). Admissions needs to see a copy or report of record, or a stamped statement indicating that no history exists.

### STEP TWO – MEDICAL APPLICATION

- Medical Examination – Med Form A (page 2)
- Medication Authorization – Med Form B (page 3)
- Drug Screening – Med Form C (page 4)
- Vision Health Statement – Med Form D (page 5)
- Medical History – Med Form E (pages 8-9)
- Mental Health Clearance – Med Form F (page 10)
- Medication History – Med Form G (page 11)
- Dental Health Statement – Med Form H (page 12)
- Consent for Medical Care – Med Form I (page 13)
- Over-the-Counter Authorization – Med Form J
- Limited Medical Services – Med Form K (page 15)

**Note:** Other documents will be required. Program Staff will coordinate this during Orientation or on Registration day.

### STEP THREE – MENTOR NOMINEE APPLICATION

- Mentoring Agreement – Mentor Form A (page 6)
- Mentor Nominee Information – Mentor Form B
- Mentor Training Commitment – Mentor Form C
- Mentor Liability Release – Mentor Form D (page 10)
- PII Permission – Mentor Form E (page 11)
- Authorization for Background Check – Mentor Form F
- Personal Reference Info – Mentor Form G (page 14)
- Mentor Personal Reference Questionnaire – Mentor Form H (page 16)
- Mentor Professional Reference Questionnaire – Mentor Form I (page 18)

**Note:** Other documents will be required. Program Staff will coordinate this during Orientation or on Registration day.

Submit only lettered application forms and copies of required identification.

Applications are reviewed by IDYCA Staff when all of Step 1 and Step 2 are received. They provide Accept / Defer recommendations to the Director for his decision. Application Step 1 and 2 should be received within six-weeks of your pre-application, to maintain active processing and timely review.

**Greg Billups, Admissions Coordinator**

Submit by mail, email, or fax all forms to:  
(208) 464-1491 or gbillups@idyouthchallenge.com  
Fax: (208) 464-1443

(Revised August 2019)
# Idaho Youth ChalleNGe Academy Youth Application

## IDYCA Form A - MANDATORY ELIGIBILITY CRITERIA

**PURPOSE:** This form lists the eligibility criteria that are **mandatory** to apply to and attend the Idaho Youth ChalleNGe Academy. This form must be signed by both the applicant and the parent/guardian.

### APPLICANT’S NAME:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Date of Birth:** __/__/____

- ☐ Yes  ☐ No **Will you be 16 - 18 years old when the class starts?**
  You must be at least 16 and no more than 18 years of age for admission to the IDYCA.

- ☐ Yes  ☐ No **Are you a US citizen or legal resident of the United States and a resident of Idaho State?**

- ☐ Yes  ☐ No **Are you a high school drop out? Or at risk of dropping out? [check all that pertain]**
  - ☐ I no longer attend school.
  - ☐ I am enrolled in school, but have poor attendance and will drop out soon.
  - ☐ I am low on high school credits and currently will not graduate on-time.
  - ☐ I attend or last attended a state-approved alternative school.

- ☐ Yes  ☐ No **Have you been accused of committing a crime or are you currently under indictment for a crime?**

- ☐ Yes  ☐ No **Have you been convicted of a crime and awaiting sentencing?**

- ☐ Yes  ☐ No **Are you currently on parole or probation?**

- ☐ Yes  ☐ No **Are you currently employed?**
  
  If yes, please answer the following:
  
  Number of hours/week: __________ Hourly wage: __________

- ☐ Yes  ☐ No **Are you free from the use of illegal drugs and/or illegal substances?**
  Applicants selected to attend the IDYCA must agree to voluntary drug testing. Applicants will be tested for illegal substances during the 22-week Program. A failure of this drug test after registration will result in separation from the Program – **NO exceptions.** Willingness to be or to become drug-free is a requirement.

- ☐ Yes  ☐ No **Are you physically and mentally capable of participating in the IDYCA?**
  Reasonable accommodations will be made for identified disabilities. Accommodations will be arranged prior to in-processing. Participants must be capable of participating with reasonable accommodations; this does not mean you have to be physically fit, but willing to become more physically fit.

- ☐ Yes  ☐ No **Do you currently have (if yes, please include a copy):**
  - ☐ Individualized Education Plan (IEP)
  - ☐ 504 Plan

---

Youth Applicant Signature

Date __/__/____

Parent / Legal Guardian Signature

Date __/__/____

(Revised August 2019)
# Idaho Youth ChalleNGe Academy Youth Application

## IDYCA Form B - APPLICANT BACKGROUND INFORMATION

### APPLICANT’S NAME:
- **Last**
- **First**
- **Middle**
- **Date of Birth:** ___/___/____

### Social Security Number: _____ - _____ - ______
- **Gender:** [ ] Male  [ ] Female  **Age:** ______

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

### Guardian Email Address:

### PHYSICAL DESCRIPTION AND DEMOGRAPHICS:
- **Height:** _____
- **Weight:** _____
- **Hair Color:** [ ] Brown  [ ] Blonde  [ ] Black  [ ] Red
- **Eye Color:** [ ] Brown  [ ] Hazel  [ ] Blue  [ ] Green
- **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  [ ] No

- **What is the primary language spoken in your home?**
- **What is your family’s annual income?**
  - [ ] $0 - $15,000  
  - [ ] $15,000 - $25,000
  - [ ] $25,000 - $35,000
  - [ ] $35,000 - $45,000
  - [ ] More than $45,000

- **Do you or any member of your household receive Public Assistance?**
  - [ ] Yes  [ ] No

- **If yes, type of assistance:**
  - [ ] Food Stamps
  - [ ] Free or reduced school lunch
  - [ ] Other: ________________________________
  - [ ] Cash Aid
  - [ ] Medical - Insurance #: __________________________

- **Is one or both of your parents or legal guardians currently incarcerated?**
  - [ ] Yes  [ ] No

### YOUTH CHALLENGE HISTORY:
- **Have you ever been a candidate in any other ChalleNGe Program?**
  - [ ] Yes  [ ] No

- **If yes:**
  - **When and Where?** ________________________________

- **Why did you leave?**
  - [ ] Own Request
  - [ ] Medical Reason
  - [ ] Other: ________________________________
  - [ ] Positive Drug Test
  - [ ] Disciplinary Reasons

### LIVING ARRANGEMENTS:
- **Who do you live with?**
- **How many people in your household?** _____

- **Are you:**
  - [ ] A Foster Child
  - [ ] Adopted
  - [ ] Homeless
  - [ ] None of these. If ‘Yes’, since when? _____

- **Are you in the care, custody, and/or supervision of the State of Idaho or a court in Idaho?**
  - [ ] Yes  [ ] No

- **If yes:**
  - **Which?**
  - **Since when?** ________________________________

- **Are you Married?**
  - [ ] Yes  [ ] No

- **Do you have Children?**
  - [ ] Yes  [ ] No

- **If Yes, How many?** _____

### RISK FACTORS:
- **An At-Risk Youth is a student (7-12th grade) who meets any three (3) criteria on the left, or any one criteria on the right.**

- [ ] Has repeated at least one (1) grade
- [ ] Has absenteeism that is greater than 10% during the preceding semester.
- [ ] Has an overall GPA that is less than 1.5, prior to enrolling in an alternative secondary program.
- [ ] Has failed one or more academic subjects.
- [ ] Is two or more semester credits per year behind the rate required to graduate.
- [ ] Is a limited English-proficient student, who has not been in a program more than three years.
- [ ] Has substance abuse behavior
- [ ] Is pregnant or a parent
- [ ] Has serious personal, emotional, or medical problems
- [ ] Is an emancipated youth
- [ ] Is a court or agency referral

*(Continued on next page)*

(Revised August 2019)
**EDUCATION:**

<table>
<thead>
<tr>
<th>Current School Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous School Name:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

Are you currently enrolled in High School? □ Yes or □ No  
Circle Grade Level: 9 10 11 12

If no, how long have you been a dropout? □ Less than 1 year □ More than 1 year

Have you officially withdrawn from school? □ Yes or □ No

Have you ever been expelled or suspended from school? □ Yes or □ No  
If yes, Date(s): □ □ □ Why? □ □ □ Why?

Are you home-schooled? □ Yes or □ No  
If yes, what program?

Do you have any learning disabilities? □ Yes or □ No  
Do you have: □ IEP □ 504 Plan □ N/A

If yes, explain:

Do you have a: □ GED □ High School Diploma □ Other Certificate □ N/A

**CRIMINAL HISTORY:**

Are you a member of a gang or affiliated with a gang? □ Yes or □ No

Have you ever been involved in, questioned, arrested, or convicted of a crime? □ Yes or □ No  
If yes, provide detail below. Include completed, Diversion, Probation, or Restitution. [use back if needed]:

| Date: □ □ □ | Crime: □ □ □ | Result: □ □ □ |
| Date: □ □ □ | Crime: □ □ □ | Result: □ □ □ |

Are you currently involved in any legal proceeding?  
□ Awaiting trial □ Awaiting sentence □ On probation/diversion □ Truancy □ At-risk youth petition

**SUBSTANCE USE:**

Do you smoke or use any tobacco product? □ Yes □ No  
IDYCA is tobacco-free. Will you be able to quit smoking/using tobacco? □ Yes □ No

Have you ever abused alcohol or been drunk? □ Yes □ No

Have you ever used illegal drugs or abused prescription drugs? □ No □ Yes, Which ones?

Have you ever been treated or hospitalized for drug use? □ No □ Yes, Where/When?

How did you or your family find out about the Idaho Youth ChalleNGe Academy:

□ Friend □ Relative □ Co-worker □ Billboard/Location: □ Newspaper: □ Picked-up a brochure □ Juvenile Probation □ Source/Other □ Website: □ School, referred by: □ TV Station: □ Radio Station: □ Source/Other

Do you know anyone else applying for the same class? □ Yes or □ No  
If yes, who? ____________________________________________

Your signature below ensures that all information provided is true and accurate to the best of your knowledge and you understand that any false or omitted information will be grounds for not being accepted or for dismissal.

Youth Applicant Signature

□ □ □ □ □ □

Parent / Legal Guardian Signature

□ □ □ □ □ □  

(Revised August 2019)
IDYCA Form C – 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.

APPLICANT’S NAME:

Last ___________________________ First ______________________ Middle __________________

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
*DOB/Place of birth
*Social Security #
*Financial data
*Employment history
*Driver’s license #
*Mother’s maiden name
*Non-public use photos
*Vehicle license #
*Fingerprints, DNA
*Health information
*Criminal history
*Home address/phone #/email address

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 youth applicant’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 youth applicant’s admission, temporary school district enrollment, education/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 youth applicant and the parent / guardian that IDYCA will take precautions to protect all personally identifiable information. It is the understanding of the youth applicant and parent / guardian 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 applicant and parent / guardian hereby authorize the Idaho Youth ChalleNGe Program and its agents to collect, store, release and use this information for the purposes described herein.

SIGNATURES:

Youth Applicant Signature __________________________________________ Date ______/_____/______

Parent / Legal Guardian Signature __________________________________________ Date ______/_____/______

Parent / Legal Guardian Signature __________________________________________ Date ______/_____/______

(Revised August 2019)
### ➤ IDYCA Form D – CONTACT INFORMATION

**PURPOSE:** This form provides routine and emergency contact information about the applicant’s parent(s) and/or legal guardian(s). Unless designated otherwise, contact will be made in the order listed. This information may be used as contact information for Clearwater Valley Hospital and Clinics.

*Two Contacts Must be Provided*

<table>
<thead>
<tr>
<th>1. Primary Parent / Legal Guardian</th>
<th></th>
<th>Date of Birth: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
</table>
| Male | | SSN: _____-_____-
| Female | | ____-____-______ |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | Primary Language Spoken: | |
| City: | | State: | | Zip code: | | Secondary Language: | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Employer: | | Employment Address: | |

Relationship to Applicant: [ ] Parent [ ] Legal Guardian [ ] Step-Parent [ ] Grandparent [ ] Other:

Authorized to pick-up Applicant at the Academy? [ ] Yes [ ] No

Should we contact this person in an emergency? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>2. Primary / Secondary Parent</th>
<th></th>
<th>Date of Birth: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
</table>
| Male | | SSN: _____-_____-
| Female | | ____-____-______ |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | Primary Language Spoken: | |
| City: | | State: | | Zip code: | | Secondary Language: | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Employer: | | Employment Address: | |

Relationship to Applicant: [ ] Parent [ ] Legal Guardian [ ] Step-Parent [ ] Grandparent [ ] Other:

Authorized to pick-up Applicant at the Academy? [ ] Yes [ ] No

Should we contact this person in an emergency? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>3. Alternate Emergency Contact</th>
<th></th>
<th>Date of Birth: <em><strong>/</strong></em>/____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td>SSN not provided</td>
</tr>
</tbody>
</table>
| Female | | SSN: _____-_____-
| | | ____-____-______ |
| Last Name: | | First Name: | | Middle Name: | |
| Address: | | Primary Language Spoken: | |
| City: | | State: | | Zip code: | | Secondary Language: | |
| Home Phone: | | Cell Phone: | | Work Phone: | |
| Employer: | | Employment Address: | |

Relationship to Applicant: [ ] Grandparent [ ] Step Parent [ ] Sibling [ ] Other:

Authorized to pick-up Applicant at the Academy? [ ] Yes [ ] No

Should we contact this person in an emergency? [ ] Yes [ ] No

____/____/____

Youth Applicant Signature

____/____/____

Parent / Legal Guardian Signature

____/____/____

Parent / Legal Guardian Signature

---

(Revised August 2019)
APPLICANT'S NAME: __________________________       ______________________      _______________ Last                              First                                                                   Middle

What do you hope to accomplish by attending IDYCA?
- [ ] Opportunity to enroll in a vocational training program
- [ ] Opportunity for employment
- [ ] Opportunity to enlist in the military service
- [ ] Personal sense of accomplishment, self-esteem, & self-discipline
- [ ] Opportunity to earn a High School Diploma
- [ ] Opportunity to earn a GED
- [ ] Opportunity to enroll in college
- [ ] Other (please explain): __________________________________________________________________________________________

➤ Success in the Youth ChalleNGe Program and at the Idaho Youth ChalleNGe Academy requires a student to be committed, focused, and willing to work hard to achieve his/her stated goals. This is a mandatory part of the application.

What are your goals? What do you want to be doing in the next year and a half?

Goal #1 (6-months): __________________________________________________________________________________________
________________________________________________________________________________________

Goal #2 (12-months): __________________________________________________________________________________________
________________________________________________________________________________________

Goal #3 (18-months): __________________________________________________________________________________________
________________________________________________________________________________________

How will IDYCA help you achieve these goals?
________________________________________________________________________________________
________________________________________________________________________________________

Type of jobs you would like to do or would like to explore:
________________________________________________________________________________________
________________________________________________________________________________________

SIGNATURE:                                               ____/____/____
Youth Applicant Signature Date

PURPOSE: In applying to IDYCA, you’re making a statement – a commitment about wanting to change your life and create a future for yourself. You won’t succeed if you’re doing this for someone else or for the wrong reason(s). So, we must ask – what do you hope to accomplish by attending IDYCA?

Student Goals must be filled-out by the youth.
Revised August 2019

Idaho Youth ChalleNGe Academy Youth Application

IDYCA Form F – AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

PURPOSE: In processing your application, there may be a need to confirm or clarify the personal information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application. Youth must also meet legal eligibility requirements and this information will be used to conduct a background check to ensure those criteria are met.

APPLICANT'S NAME: __________________________       ______________________      ______________________
                                          Last                                                                            First                                                                   Middle

Social Security Number: _______ - _______ - _______

Date of Birth: ____/____/_____  

ADDRESS:

<table>
<thead>
<tr>
<th>Street</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>County</td>
</tr>
</tbody>
</table>

Other Idaho Counties in which the Applicant has lived:

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the State of Idaho, its counties, its cities, and its agencies to submit and/or exchange all pertinent information with the Idaho Youth ChalleNGe Academy (IDYCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the IDYCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the Privacy Act and other federal and/or state laws or regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. IDYCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA), also known as the “Buckley Amendment.” FERPA protects the confidentiality of student records to some extent, while giving students the right to review their own records.

I also understand that I may revoke this consent at any time, except to the extent that action has been taken, and that in any event, this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the IDYCA.

SIGNATURES:

Youth Applicant Signature ___________________________________________ Date  

Parent / Legal Guardian Signature ______________________________________ Date  

Parent / Legal Guardian Signature ______________________________________ Date
IDYCA Form G – FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

PURPOSE: The Family Education Rights and Privacy Act (FERPA) afford parents and students, over 18 years-of-age, certain rights, with respect to the student’s education records.

APPLICANT’S NAME: ______________________  ____________________  ________
                         Last                                           First              Middle
Date of Birth: ______/_____/_____

IDYCA POLICY TO COMPLY WITH FERPA

It is the policy of IDYCA to release Applicant/Cadet (Cadet) information, records, and files, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA). The FERPA requires IDYCA to provide “advance” information to parents/guardians (parents) and Cadets 18 years-of-age or older, regarding information the Program will release about Cadets and to whom. The following information/records will be released, in accordance with FERPA, under the following circumstances:

1. To other school officials, including teachers, who have legitimate educational interests in the information.
2. Officials of other schools that the Cadet seeks to enroll in, as long as the Cadet is notified of the transfer of documents and has the opportunity to challenge the content.
3. Representatives of OSPI (Office of the Attorney General) and the Department of Education.
4. State or local officials, if the disclosure concerns the juvenile justice system and its ability to serve the Cadet, prior to adjudication, as long as officials certify in writing that the officials will not release the information to others.
5. Accrediting/auditing organizations.
6. Parents of a dependent Cadet.
7. Appropriate persons in health and safety emergencies.
8. A person designated in a lawfully issued subpoena, as long as the educational agency makes a reasonable attempt to contact the parents before complying with the subpoena.
9. IDYCA must disclose, to the maximum extent possible, Cadet information to:
   a. Law enforcement agencies, youth protective services, and health care professionals, in connection with a health and/or safety emergency, if the information is necessary to protect the Cadet.
   b. Courts and state/local juvenile agencies, if related to the courts/agency ability to serve the needs of the Cadet prior to adjudication. Persons receiving information must certify in writing that the information will not be disclosed.
10. Mentors designated by the Cadet and approved by IDYCA, will receive a copy of the Cadet Post-Residential Action Plan (P-RAP) which contains various scores and results from the Cadet’s attendance at IDYCA, along with the names and addresses of the Cadet and his/her parents. All mentors receive training and sign an agreement to comply with FERPA confidentiality.

By your signatures below, you acknowledge and authorize the release of information and that you have been provided advance notice under FERPA. Due to the nature and the structure of IDYCA, you are giving your consent that we display and give verbal announcements of scores, grades, and results of assignments, packets, projects, and tests, within the constraints of the classrooms, living, and work areas. You are encouraged to review the FERPA law if you have any questions or want additional information regarding your rights.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature ____________________________ Date ______/_____/_______

Parent / Legal Guardian Signature ____________________________ Date ______/_____/_______

(Y)outh Application
IDYCA Form H - CERTIFICATION OF DROPOUT/TRANSFER STATUS

PURPOSE: The purpose of this form is to certify that the Applicant is a high school dropout and/or at-risk of dropping out, and will consent to formal transfer from their present / former high school upon enrollment at IDYCA. Even if he/she has dropped out, a student must formally transfer from their former school to IDYCA. Each school district has their own procedure / document for transferring a student to another school, and you must allow IDYCA officials to initiate the transfer process. This form must be completed and signed by both the parent/guardian and the applicant.

APPLICANT’S NAME: ______________________     ____________________    ________
Last                                                             First                                                          Middle

Date of Birth: ______/_____/_____

As the parent/legal guardian of _____________________________, or as a youth of legal age, I hereby certify that my youth (or I) meet(s), or will meet, the dropout / transfer eligibility requirement established by the federal guidelines of the Youth ChalleNGe Program and the Mandatory Eligibility Criteria established for the Idaho Youth ChalleNGe Academy. I confirm that my youth (or I) is/am currently a dropout, or will consent to withdraw from ____________________ High School, in the _________________________________ School District, in order to be eligible to attend IDYCA.

Please check all of the risk factors below that apply to the Applicant.

RISK FACTORS: (An At-Risk Youth is a student (7-12th grade) who meets any three (3) criteria on the left, or any one criteria on the right.)

☐ Has repeated at least one (1) grade
☐ Has absenteeism that is greater than 10% during the preceding semester.
☐ Has an overall GPA that is less than 1.5, prior to enrolling in an alternative secondary program.
☐ Has failed one or more academic subjects.
☐ Is two or more semester credits per year behind the rate required to graduate.
☐ Is a limited English-proficient student, who has not been in a program for more than three years.

☐ Has substance abuse behavior
☐ Is pregnant or a parent
☐ Has serious personal, emotional, or medical problems
☐ Is an emancipated youth
☐ Is a court or agency referral

SIGNATURES:

Youth Applicant Signature ____________________________ Date ______/_____/_____

Parent / Legal Guardian Signature ____________________________ Date ______/_____/_____

Parent / Legal Guardian Signature ____________________________ Date ______/_____/_____
I am the parent/guardian of:

**APPLICANT’S NAME:** __________________     __________________    ________

Last                                                             First                                                          Middle

**Date of Birth:** _____/_____/

I understand the requirements, responsibilities, conditions, and expectations associated with my son/daughter attending IDYCA. I understand and agree to the following:

1. **AUTHORITY TO ENROLL** – I am the parent/legal guardian of the Applicant and have the legal authority to enroll him/her in the IDYCA.

2. **CONTACT INFORMATION** – I understand and agree that I must provide contact information and keep it current at all times, including: mailing address, telephone numbers, emergency contacts, and email address.

3. **TRANSPORTATION** – I understand that I am responsible for all of my youth’s transportation to and from IDYCA. I agree to personally pick-up my youth, and return them at the designated times, during the 22-week Residential Phase of the Program (at the start of the Program, during Home Pass, at Commencement, or in the event my youth is separated from the Program). IDYCA Staff cannot provide unscheduled transportation of Cadets to/from the Program site in Pierce.

4. **PRESCRIPTIONS/MEDICAL** – I understand and agree that I am responsible for sending at least one (1) month’s supply of youth’s medications, bubble-wrapped, along with refills to give to the pharmacy. I am also responsible for making arrangements with the local designated pharmacy (see below) to ensure my youth has all prescription medications available to them. IDYCA Staff will contact the pharmacy and/or me before the prescription runs out. The youth’s personal physician will need to be willing to fill prescription for the entire five (5) month stay, since there is no doctor on IDYCA’s Staff to accommodate refills. I further understand and agree that any medical/dental appointments needed must occur before the class begins or during scheduled home passes. My youth will not be released to me for any appointments not scheduled or approved by the nurse. The 22-week Residential Phase class training schedule will only accommodate emergency / urgent care type situations.

   **Designated Pharmacy:** Arnzen’s Kamiah Drug; 318 Main, Kamiah, ID 83536; Phone: (208) 935-2301; Fax: (208) 935-2477

5. **MENTOR** – I understand and agree that a condition of acceptance, enrollment, and retention at IDYCA is to have a qualified and committed mentor nominee for my youth. The mentor’s application will be reviewed and a background check completed for approval. The mentor must also complete a two-and-a-half (2.5) hour online training and a three (3) hour in-person training course. In-person training course location and times are listed at www.idyouthchallenge.com under “Calendar of Events.” Rejection of or non-participation by a mentor will result in my youth being separated from the Program.

6. **ISSUED CLOTHING AND EQUIPMENT** – I understand and agree that my youth is responsible for any clothing or equipment issued to him/her while attending IDYCA. Any clothing or equipment lost or intentionally damaged or destroyed must be paid for before Commencement. No diploma, school credits, or Commencement credits will be released until the debt is settled.

7. **“HANDS OFF” POLICY** – I understand IDYCA employs a “hands off” policy in all aspects of the Program. This means that no Staff member may touch a Cadet or use abusive language as a means of coercion. IDYCA Staff is trained and expected to lead and supervise through positive methods that do not include the use of physical force or verbal abuse.

8. **RUNAWAY PROCEDURE** – I understand that if my youth leaves IDYCA facilities without proper authorization (AWOL), I will be notified within a reasonable time of such an occurrence. Runaway youth will be reported to the Clearwater County Sheriff Department as a “Runaway.”

9. **PUBLICATION RELEASE** – I understand that my youth will have his/her photo and video with sound taken during Orientation and the 22-week Program that may be used in class newsletters, slide presentations, promotional materials, and other publications with partners and in the communities. They may also be interviewed by members of the print or electronic media for use in news stories.

**SIGNATURE:**

_________________________   
Parent / Legal Guardian Signature

_____/_____/______
Date

PURPOSE: This form outlines mandatory responsibilities of the parent/guardian to support their child’s attendance at IDYCA. Failure of the parent/guardian to live up to any provision of this agreement will result in their child being separated from the Program and returned home.
PURPOSE: This form provides a general overview of the policies and procedures that are used in conducting IDYCA. It is a highly-structured program, conducted in a military format that emphasizes positive values, group and individual responsibility, and personal accountability. Students must cooperate and comply with all Program rules and regulations. Failure to do so may result in immediate dismissal. It is not like a regular high school.

APPLICANT’S NAME: ____________________________________    ____________________    ________
Last                                                                 First                                                          Middle

Date of Birth: _____/_____/_____

ACCLIMATION PHASE (Weeks 1 – 2) is an intense, highly structured environment, with an emphasis on quasi-military-style discipline, physical fitness, and group interaction, with instruction on proper health and hygiene habits.

• A quasi-military model is used to conduct the Program and Cadets will wear uniforms, comply with military courtesy and grooming standards, learn to march, and learn how to be an effective member of a larger group.
• Cadre Team Leaders will use a command voice for motivational purposes and to gain attention. Listen and follow directives - don’t take it personally.
• Cadets will be organized into a group of approximately 50 youth, called a Flight, and assigned to a bay.
• Smaller groups will be established for daily activity purposes, projects, work details, etc.
• The Cadets will be responsible for cleaning and maintaining the buildings and grounds where they will be living, learning, and playing. This will continue for the entire 22-week class period.
• The Cadet’s day is fully planned. Cadets will learn to be very efficient and use their time effectively.

RESIDENTIAL PHASE (Weeks 3 – 22) will focus on academics, yet continue the military format and daily physical fitness regimen. Cadets will be involved in a series of service to the community projects and other off-site activities.

• In addition to the academic classes, the ChalleNGe curriculum includes Leadership, Job Skills, Life Coping Skills, Service to Community, Responsible Citizenship, Health and Hygiene, and Physical Fitness - The Eight Core Components. Cadets must show improvement in each of the Core Components, in comprehension and/or demonstration, in order to successfully complete the Residential Phase and receive any High School credits they successfully earn.
• Teachers are certified instructors from Joint School District #171. Also, other qualified instructors from the IDYCA Staff and guest instructors from other schools and the business community take part in additional training.
• Cadets will have homework at least four (4) days per week.
• Cadets must also develop a placement plan that outlines goals after Commencement. This is also a requirement in order to successfully complete the Residential Phase and receive any High School credits.
• Cadets are urged to return from Home Pass with a document proving they will be engaged in a productive activity (school enrollment, job, volunteer position, etc.) during the 1st Post-Residential month. This is called “Proof of Launch Placement.”

POST-RESIDENTIAL PHASE (1-year period following Commencement)

• Cadets will maintain weekly contact with their mentors and continue to build on the success and positive trends achieved during their 22-weeks at IDYCA.
• Engaging in school, employment, or volunteering, Cadets must stay productively active during the Post-Residential Phase, in order to be considered in good standing and be invited to any alumni events.

(Continued on next page)
IMPORTANT CONSIDERATIONS FOR THE APPLICANT:

- You will be living in large group, in a structured environment, with lots of rules and regulations - you do things our way and on our schedule. Your day will begin at 0500 (5:00 am), with lights out at 2100 (9:00 pm).
- You will share responsibility and accountability with a larger group - a flight or team - and you will be held accountable and share the success or experience the failure of the larger group.
- You will be living and sleeping in an open bay dormitory, with group restroom/shower facilities.
- Smoking/tobacco is not allowed on campus - this applies to Cadets and Staff.
- You will get three balanced meals and two snacks a day.
- You will not be allowed to have a cell phone, iPod, laptop, TV, radio, or any other electronic device. No junk food, soft drinks, candy, gum, etc. Unauthorized items will be confiscated and destroyed.
- Proper health and hygiene - showers, flossing and brushing your teeth, etc. - will be a mandatory part of your daily routine.
- As with any large living group, there will be differences and disagreements. You will be taught and expected to react responsibly, and there is zero tolerance for disrespecting fellow Cadets or Staff, bullying, fighting, lying, hazing, or acting out against others.

REMEMBER:

- You are applying to the IDYCA because you don’t like the direction your life is heading, and realize you need to improve your education level. The Program is hard, but you can do it and start building a better future for yourself. Since 1993, across the nation, more than 153,000 other youth have graduated from Youth ChalleNGe Programs and are now on the road to success.
- Every member of the IDYCA Staff respects you for the decision you’ve made, cares about you personally, and will work hard to help you succeed and reach your full potential.
- The military model is very structured, often intense, and focuses on group and individual responsibility and accountability.
- The Staff members will often times raise their voices - because you or one of your fellow Cadets are doing something wrong - but they will never curse, touch, or in any way disrespect you. Listen to what they’re saying and correct your actions/behavior, but don’t take it personally.

THE BOTTOM LINE IS:

- You will increase your reading, math and language skills.
- You have the opportunity to earn up to fourteen (14) high school credits, and/or complete the requirements for a GED or High School Diploma.
- You will be amazed and proud at what you accomplish and the positive change in your self-confidence and self-esteem.
- Working with your Mentor, you will learn and strengthen relationship skills. Since everything in life is about relationships, this will enhance your chance for success in all areas of the Program and your personal life.
- When you graduate, you will have short, intermediate, and long-range placement plans that will help you continue the success you enjoyed at the Academy and achieve your post-Commencement goals.
- You have a lot of people who care about you and are very proud of your decision to attend the IDYCA. They will be pulling for you every step of the way.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature


Date


Parent / Legal Guardian Signature


Date


Date


Parent / Legal Guardian Signature


Date


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(Revised August 2019)
PURPOSE: This form outlines the expected performance and behavior for students attending IDYCA, and other specific policies, requirements, or prohibited activities. It outlines the termination policy for students attending the IDYCA and the specific reasons that can/will result in dismissal from the Program. High School credit is earned based on classroom participation and successful completion of assignments and tests, and will be awarded only upon the student’s successful completion of the Residential Phase of the Program. Program success is defined by the student’s willingness and effort to improve in all of the Eight Core Components prior to Commencement. Attending the IDYCA is a privilege, not a right.

APPLICANT’S NAME: ______________________     ____________________    ________  
Last                                                             First                                                          Middle
Date of Birth: ____/_____/_____

I have read and understand the policies, rules, and expected behaviors while attending IDYCA, and hereby acknowledge my willingness and intent to comply. IDYCA reserves the right to dismiss any participant, at any time during the Program, based on any false information provided during the application process, or as warranted for violating Academy policies and/or procedures. If a Cadet quits, is involuntarily separated at any time during the 22-week class session, or fails to improve in all eight core components, he/she will not receive any academic credits or grade report.

The two-week Acclimation Phase is the trial period, where each participant is given an opportunity to prove his or her commitment to the Program and demonstrate their ability to complete the Program. Each Cadet must satisfactorily complete this two-week phase; advancing to the 20-week Residential Phase is not automatic - some Cadets may be separated at this point.

CADETS ATTENDING THE IDYCA AGREE TO THE FOLLOWING:

• Observe the IDYCA Honor Code: I will not lie, cheat, or steal nor tolerate others who do.
• The rules in the Cadet Handbook are mandatory and must be followed, without exception.
• Listen, obey, and follow through with all orders, commands, and/or instructions that are given by the Staff, teachers and/or administrative personnel, whether verbal or written. IDYCA personnel will not give any order or directive that compromises the safety, security, well-being, or integrity of any Cadet.
• Cadets will not have a cell phone, iPod, laptop, TV, radio, or any other electronic device. There are no open phones or email/texting privileges.
• No jewelry of any kind is allowed. Religion affiliated symbols, of modest size and on a simple chain, may be worn under clothing, but will not be visible and not present a safety hazard.
• No barrettes or ribbons are allowed.
• Do not bring money or plan on having money sent or given to you during the class.
• Boyfriend/girlfriend relationships during the Residential Phase of the Program will not be permitted or tolerated.
• Attend all classes, sessions, formations, and meetings arriving on time, in the proper uniform, with the proper materials/equipment.
• Participate in all class studies, projects, and training sessions.
• Maintain daily personal hygiene.
• Display proper respect for all Staff members and fellow Cadets by observing all military customs and courtesies as instructed. (i.e., wearing the designated uniform, using proper forms of address, saluting, marching in formation, etc.)
• The IDYCA uniform will be worn properly and with pride. (i.e., no sagging pants, shirts will be tucked in, etc.)
• Use proper title and last name when addressing Staff members and peers.
• Use Chain of Command to resolve complaints or concerns.
• Be silent, unless ordered otherwise.

(Continued on next page)
• Participate in daily Physical Training (PT).
• Participate in Service to the Community learning projects, which involve local travel and some physical exertion.
• Report all injuries/illnesses to IDYCA Staff, in order to receive timely and appropriate treatment by the Staff nurse or local health care provider.
• Participate in daily work details that will include cleaning the building, maintaining the grounds, doing laundry, working in the kitchen, etc.
• Respect yourself, the IDYCA Staff, the IDYCA facility and grounds, and your fellow Cadets and their property.
• Do not deface yourself, your clothing, or any other property/equipment with any cutting, marking, writing, or graffiti.
• Recognize that the safety and well-being of all Cadets and Staff are paramount, and all participants must abide by the IDYCA safety standards, instructions, and rules.
• Honor your commitment to complete the Program and not quit, hide, leave the campus, or run away.

THE FOLLOWING MAY RESULT IN DISCIPLINARY ACTION AND POSSIBLE REMOVAL FROM THE PROGRAM:
• Continual disorderly conduct that disrupts the learning experience of the other Cadets and/or prevents the Staff from helping Cadets succeed.
• No gang related graffiti, verbal greetings, hand signs, body stance, shoestrings, or other ways of wearing clothing will be tolerated.
• IDYCA is a tobacco free campus. There is zero tolerance for any possession or use of illegal drugs or alcohol, or abuse of prescription medications, while attending the IDYCA.
• At the discretion of the Director, any behavior that constitutes a real or perceived threat to the health, safety, or welfare of the Cadets and/or Staff.
• Violating or otherwise not responding, complying, or making progress within the prescribed policies, procedures, rules, or Program requirements.
• Refusing to comply with Staff directives or otherwise indicating by words or actions that the Cadet no longer wants to succeed and has decided to give-up.
• Leaving the IDYCA campus or any other Program sponsored activity or off-campus location - going AWOL.
• Any assault or contact (whether it be physical, verbal, or sexual in nature) that is considered provoking, bothering, irritating, hazing, or teasing a fellow Cadet, or encouraging others to do the same.
• Any significant, deliberate damage to IDYCA buildings, facilities, or property. Please note that parent(s)/guardian(s) will be charged for the damage.
• Possession of any items or contraband not specifically authorized in the Cadet Handbook. Personal belongings, including mail, are subject to search for contraband.
• Any injury and/or medical dental issue(s) that interfere with or prohibit daily participation in all activities.
• Any mental health issues, including depression, talk or threat of suicide, a display of uncontrolled anger, or psychological disorders/disruptions.
• Cadets who refuse to take their prescribed medications or discontinue use, do so with the understanding that any resulting behavior or recurring medical issues will make them subject to disciplinary action or dismissal, as stated in the above explanations.
• Any pre-existing mental/physical health issue, legal history, etc. not disclosed in the application or interview.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

_______/_______/_______ Date

Parent / Legal Guardian Signature

_______/_______/_______ Date

Parent / Legal Guardian Signature

_______/_______/_______ Date
The possession or use of illegal drugs or the abuse of prescription medications by Cadets or Staff of the IDYCA will not be tolerated. Members of the Staff are given pre-employment drug tests and are subject to no-notice re-testing. Cadets accepted into IDYCA will be administered a drug test and are subject to random searches and re-testing at any time during the 22-week Residential Phase class period.

A positive result on any drug test will result in immediate removal from the Program. For this reason, it is important that any Cadet using a prescribed medication provide a verification from the physician who prescribed it. (NOTE: If you do test positive, you have the option to be re-tested, at your expense, within 24-hours.) If you are removed from the Program for possessing illegal drugs or failing a drug test, you may re-apply to attend a future class.

The testing protocol is a nationally-approved portable test, commonly used in treatment programs, corrections facilities, and juvenile system programs. The test is administered objectively, in accordance with established protocols. Applicants who are currently using illegal drugs or abusing prescription medications are advised to stop immediately. Applicants are also advised to not eat any foods that could/would show-up in the drug screen as a positive result (i.e., poppy seed muffins, certain breads, etc.) within seven days of the start of the class. Even trace amounts of a prohibited substance will be considered a positive result and the Cadet will be removed from the Program.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature

Date

Parent / Legal Guardian Signature

Date

Parent / Legal Guardian Signature

Date
I __________________________ have been notified of the following information:

1. All Candidates / Cadets, while at the Idaho Youth ChalleNGe Academy, are neither considered federal employees, nor are they a member of the National Guard, except under certain provisions of the law.
2. All Candidates / Cadets shall be considered federal employees, for the purpose of compensation for work-related injuries.
3. All Candidates / Cadets shall be considered federal employees relating to the liability of the United States for tortious (legal) conduct of employees of the United States.
4. All Candidates / Cadets shall not be considered to be in performance of duty while not at the assigned location of training or other activity authorized with the Program agreement, except when the Cadet is traveling to or from the location or is on a pass from the training or other activity.
5. All Candidates / Cadets, when computing compensation benefits or disability or death, the monthly pay of a Cadet shall be deemed that received under the entrance salary for a Grade- GS-2 Federal employee.
6. All Candidates / Cadets understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the person’s participation in the Program is terminated.

SIGNATURES (acknowledge you have read and understand this information):

Youth Applicant Signature
__________________________ Date ______/_____/______

Parent / Legal Guardian Signature
__________________________ Date ______/_____/______

Parent / Legal Guardian Signature
__________________________ Date ______/_____/______
POURPOSE: This document allows your local county juvenile office to provide us with your background information NECESSARY for proof of eligibility for admission to the Idaho Youth ChalleNGe Academy. Take this form to your local county juvenile office and request your background information.

**AUTHORIZATION AND REQUEST FOR SEARCH OF JUVENILE JUSTICE RECORDS:**

<table>
<thead>
<tr>
<th>Juvenile Court:</th>
<th></th>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Probation Officer:</td>
<td>Email address:</td>
</tr>
<tr>
<td>Address:</td>
<td>County:</td>
</tr>
<tr>
<td>City, State Zip:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

In accordance with Idaho Code Section 39-1105, every individual thirteen (13) years of age to eighteen (18) years of age, who has unsupervised direct contact with other children in a daycare setting, must complete a criminal history background check that includes a check of the juvenile justice records of adjudications of the magistrate division of the district court, county probation services, and department records (“juvenile justice record”). [IDYCA also requires this of youth attending IDYCA, due to the residential setting and close contact with other youth.]

In accordance with the above Idaho Code, I am requesting a search of all juvenile justice records for the minor child identified below:

<table>
<thead>
<tr>
<th>Name of Minor Child or Youth Applicant:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP Code:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Legal Guardian Signature</td>
<td>Date</td>
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</table>

**TO BE COMPLETED BY JUVENILE COURT OR BY JUVENILE PROBATION OFFICER**

- □ No records revealed
- □ Records attached

<table>
<thead>
<tr>
<th>Court Clerk Signature or Stamp:</th>
<th>Date of Search:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If signed, please print name below)</td>
<td><strong><strong>/</strong></strong>/_____</td>
</tr>
</tbody>
</table>

*If unable to return this form to the youth applicant and/or family, please fax to the Main Campus at 208-464-1443:
Today’s ChalleNGe...Tomorrow’s Success

MEDICAL APPLICATION
(Step Two)

Complete History Survey and see your Medical Care Provider with these forms.

The Youth & Medical applications must be submitted in their entirety before consideration can be given for acceptance. Please do not wait until all pages are complete. Submit pages as you complete them.

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

Admissions Staff:
Greg Billups
(208) 464-1491
gbillups@idyouthchallenge.com

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

Nicole Cleveland
(208) 464-1468
ncleveland@idyouthchallenge.com
Dear Health Care Provider:

Please complete this Physical Form for admission to the Idaho Youth ChalleNGe Program (IDYCA). IDYCA is a volunteer program for youth 16-18 years of age, who are at-risk for dropping out of school or have already dropped out, located in Pierce, Idaho. The goal of our Program is to give youth a second chance to become responsible and productive citizens.

This Program consists of a 22-week residential stay in Pierce, Idaho. The Program training can be physically demanding and potentially hazardous. Physical training could include such physically strenuous activities as:

1. A daily run of two (2) or more miles on a hilly course.
2. Daily vigorous physical exercises.

The Program is structured with a quasi-military model, promoting personal time management, accountability, and promoting positive and negative consequences for behavior. Cadets will be expected to comply with rules and regulations.

Mental and emotional demands of the Program include separation from family and loved ones, military-style discipline, military ceremonial drill for prolonged periods of time, marching and physical training. Cadets will live in close communal barracks with up to 50 other Cadets and must be able to cope with the inherent stress levels of barracks life.

We are staffed medically by a Registered Nurse and medical assistant who will see Cadets for minor injuries and illnesses. **We do not have a medical provider on staff, therefore, all medications will need to be maintained by the original prescriber throughout the youth’s stay at IDYCA. Please provide or arrange for refills for the entire 6-months of his/her stay.**

This examination is for determining fitness to engage in strenuous activities and the highly structured, stressful environment, as outlined above. In most cases, the exam must be performed within twelve (12) months of the first day of the class start date. A shorter time interval may be required in some cases.

Any questions you have concerning this examination or your patient’s ability to participate can be answered by contacting our Medical Staff at **208-464-1458. All participants must have a physical, up-to-date immunizations, dental and vision exam, as well as a drug test, completed prior to acceptance.**

---

**Medical Staff:**

Betsy Stemrich, RN  
(208) 464-1458  
estemrich@idyouthchallenge.com

Sissy Morris  
(208) 464-1458  
smorris@idyouthchallenge.com
Idaho Youth ChalleNGe Academy Medical Application

IDYCA MED Form A – MEDICAL EXAMINATION

PURPOSE: The following information must be filled-in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

APPLICANT’S NAME: ______________________   ______________________      ________

Last

First

Middle

DATE: ___________

Gender: □ Male  □ Female

Age: ________

Date of Birth: ____/____/____

Height: ________

Weight: ________

P: ____________

R: ____________

B/P: ____________

Immunization Current: □ Yes  or  □ No

If not current, why? ____________________________________________________________

Vision: R 20/____  L 20/____  Corrected? □ Yes  or  □ No

(If vision abnormal, needs required exam by Optometric Practitioner)

HCG: Negative: ____________  Positive: ____________

(Not used as selective screening criteria) If Pos - EDC: __________

☐ Cleared for Full Participation – No Restrictions

☐ Cleared after completing evaluation / rehabilitation for: ______________________________

☐ Cleared for Participation with the following accommodations for: _________________________

➢ Diagnosis: ____________________________________________________________

➢ Treatment Plan / Accommodations: ___________________________________________

☐ Not cleared for: ____________________________  Reason: _____________________________

PHYSICIAN SIGNATURE:

___________________________________________________

Physician Printed Name & Signature

___________________________

Physician Phone #

________/____/____

Date of Evaluation

___________________________

Physician Address

___________________________

Physician Fax #

___________________________

Physician Email

Medical Application
APPLICANT’S NAME: __________________________       ________________________      _________________
                                                                                             Last       First       Middle

MEDICATION AUTHORIZATION:

I give permission to the Academy Nurse and to those persons whom he/she has in-serviced to administer the medication(s) listed below. I give permission to the Academy Nurse as warranted, with the undersigned physician, regarding my youth’s medications. I hereby agree to indemnify and hold forever harmless the Idaho Youth ChalleNGe Academy and their respective officials, agents, servants, and employees, against loss from any and all claims, demands, or actions in law or in equity that may hereafter at any time be made or brought by said minor or by anyone on behalf of said minor, for the purpose of enforcing a claim for damages on account of any injuries or loss sustained in consequence of aforesaid assistance, and we do hereby waive any and all rights of exemption, both as to real and personal property, to which we may be entitled under the laws of this or any other state, as against such claim for reimbursement or indemnity.

MEDICATIONS WILL NEED TO BE MAINTAINED BY THE ORIGINAL PRESCRIBER THROUGHOUT THE YOUTH’S STAY AT IDYCA. PLEASE PROVIDE REFILLS FOR THE ENTIRE SIX (6) MONTHS OF THEIR STAY.

SIGNATURES:

Youth Applicant Signature

_____/_____/______       Date

Parent / Legal Guardian Printed Name & Signature

_____/_____/______       Date

PHYSICIAN’S ORDER (to be completed by a LHP):

Please list all prescription medication. All medications to be given by nebulizer must be provided in individual doses.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Medication Name</th>
<th>Strength</th>
<th>Dosage</th>
<th>Route</th>
<th>Physician Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

(Revised August 2019)
PURPOSE: The Idaho Youth ChalleNGe Academy is a drug-free program. The results of this test will not disqualify Applicants from being accepted into the Program. The purpose of this test is to serve notice to Applicants that IDYCA has a zero tolerance policy towards the illegal use of drugs. Every Applicant that is accepted will be tested again during their time at the Academy.

APPLICANT’S NAME:

Last       First       Middle

A physician, nurse or certified drug tester must screen every Applicant to the Idaho Youth ChalleNGe Academy for the drugs listed below. The testing official and parent/guardian must complete this form and forward the results to the IDYCA Medical Staff by fax, mail, or scan to email.

SIGNATURES:

As an Applicant to the Idaho Youth ChalleNGe Academy, I certify that I am voluntarily submitting to drug screening for the purpose of attending the National Guard Youth ChalleNGe Program. I authorize the drug testing official to release the results of the urinalysis to the Idaho Youth ChalleNGe Academy Medical Staff.

Youth Applicant Signature

Date

Parent / Legal Guardian Printed Name & Signature

Date

DRUG SCREENING RESULTS:

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>THC</th>
<th>Cocaine</th>
<th>Methamphetamines</th>
<th>Benzodiazepines</th>
<th>Opiates</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST RESULT</td>
<td>+</td>
<td>or -</td>
<td>+ or -</td>
<td>+ or -</td>
<td>+ or -</td>
</tr>
</tbody>
</table>

TESTING OFFICIAL SIGNATURE & CONTACT INFORMATION:

Testing Official’s Printed Name

Date

Testing Official Signature

Date

Address

City

State

Zip Code

Phone Number

(Revised August 2019)
# IDYCA MED Form D – VISION HEALTH STATEMENT

**PURPOSE:** This patient is an Applicant for the Idaho Youth ChalleNGe Academy (IDYCA) and may require an eye exam from an eye doctor specifying the information below. This is a mandatory requirement for all Applicants with abnormal vision indicated on Form A. Our desire is to ensure that Cadets in our Program will be able to see clearly when reading or viewing presentations from any seat in the classroom, without discomfort caused by poor vision or eye health. Examinations can be no older than one (1) year from Program start date.

<table>
<thead>
<tr>
<th>APPLICANT’S NAME:</th>
<th>DATE OF EXAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

- [ ] This individual **HAS NORMAL** eye health.
- [ ] This individual **HAS ABNORMAL** eye health.

When answering the following statement, please consider the acuity required for reading or viewing presentations from any seat in the classroom.

- [ ] This individual **REQUIRES** corrective eyewear.
- [ ] This individual **DOES NOT REQUIRE** corrective eyewear.

**SIGNATURES:**

Eye Care Provider Printed Name

Signature

Date

Mailing Address

City

State

Zip Code

Phone

(Purposes and requirements as described in the text)
Parents of Children in or Entering Preschool & Grades K-12

Children must be in compliance with Idaho immunization laws in order to attend school. To be compliant, children must be up-to-date on their immunizations (shots) or have a valid exemption form on file. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter preschool and grade K-12.

You will need to present your child’s immunization record and/or a valid exemption form to the school at the time of registration to enroll your child. The immunization record must show the date (month, day, and year) your child was given each shot. If you do not have an immunization record or your child has not received all required shots, call your doctor or local health department for an appointment.

<table>
<thead>
<tr>
<th>Immunization Requirement by Age</th>
<th>Doses of Vaccines Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children born on or before September 1, 1999</td>
<td>(4) Diphtheria, Tetanus, Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>(1) Measles, Mumps, and Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>(3) Polio</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td>Children born after September 1, 1999 through September 1, 2005</td>
<td>(5) Diphtheria, Tetanus, Pertussis (DTaP)²</td>
</tr>
<tr>
<td></td>
<td>(2) Measles, Mumps, and Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>(3) Polio</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td>Children born after September 1, 2005</td>
<td>(5) Diphtheria, Tetanus, Pertussis (DTaP)²</td>
</tr>
<tr>
<td></td>
<td>(2) Measles, Mumps, and Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>(4) Polio³</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>(2) Varicella (Chickenpox)⁴</td>
</tr>
<tr>
<td></td>
<td>(2) Hepatitis A</td>
</tr>
</tbody>
</table>

### 7th – 12th Grade Immunization Requirements

<table>
<thead>
<tr>
<th>Immunization Requirement by Grade</th>
<th>Doses of Vaccines Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children admitted to 7th – 12th grade must meet the following minimum immunization requirements in addition to school entry requirements:</td>
<td>(1) Diphtheria, Tetanus, Pertussis (DTaP)</td>
</tr>
<tr>
<td></td>
<td>(1) Meningococcal</td>
</tr>
</tbody>
</table>

2. DTaP: The 5th dose is not necessary if the 4th dose was administered at age 4 years or older
3. Polio: The 4th dose is not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after previous dose. At least one dose of polo should be given at age 4 years or older.
4. Varicella: History of chickenpox disease documented by a physician or licensed health care professional meets the requirement.

If your child’s record is missing one or more doses, please contact your doctor to obtain the full immunization record or any doses needed. If you child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend school, provided you complete the Conditional Admission form and get the remaining doses when they become due. If your child is not fully immunized due to medical, religious, or philosophical reasons, the school can provide you with a state exemption form to complete.

Idaho Code 39-4801 and IDAPA 16.02.15 “Immunization Requirements for Idaho School Children”

Idaho Division of Public Health * Idaho Immunization Program * 450 W. State Street, 4th Floor * P.O. Box 83720 * Boise, ID * (208) 334-6994
Por qué su hijo necesita vacunas

Los niños deben cumplir con las leyes de inmunización de Idaho con el fin de asistir a la escuela. Para cumplir con estas, los niños deben tener sus vacunas al día (inyecciones) o tener un formulario de exención válido en su expediente. Cuando los niños están en ambientes de grupos, hay un potencial para la propagación de enfermedades contagiosas. Las enfermedades como la varicela, el sarampión y la tos ferina se propagan rápidamente, por lo tanto los niños necesitan estar protegidos antes de entrar a preescolar y a los grados K-12.

Que se necesita para la inscripción escolar

Usted necesitará presentar la cartilla de inmunización o vacunación de su hijo y/o un formulario de exención válido ante la escuela en el momento del registro para inscribir a su hijo. La cartilla de vacunación debe tener la fecha (mes, día y año) en la que su hijo recibió cada vacuna. Si usted no tiene una cartilla de inmunización o su hijo no ha recibido todas las vacunas necesarias, llame inmediatamente a su departamento de salud local para una cita.

REQUISITOS MÍNIMOS DE VACUNACIÓN PARA ENTRAR A LA ESCUELA (Preescolar y K-12)

<table>
<thead>
<tr>
<th>Vacunas requeridas por edad</th>
<th>Dósis de las vacunas requeridas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los niños nacidos en o antes del 1 de septiembre de 1999 deben tener un mínimo de:</td>
<td>(4) Difteria, Tétanos, Tos Ferina (DTaP)</td>
</tr>
<tr>
<td></td>
<td>(2) Sarampión, Paperas, y Rubéola (MMR)</td>
</tr>
<tr>
<td></td>
<td>(3) Polio</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td>Los niños nacidos después del 1 de septiembre de 1999 hasta el 1º de septiembre de 2005 deben tener un mínimo de:</td>
<td>(5) Difteria, Tétanos, Tos Ferina (DTaP)²</td>
</tr>
<tr>
<td></td>
<td>(2) Sarampión, Paperas, y Rubéola (MMR)</td>
</tr>
<tr>
<td></td>
<td>(3) Polio</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td>Los niños nacidos después del 1 de septiembre de 2005 deben tener un mínimo de:</td>
<td>(5) Difteria, Tétanos, Tos Ferina (DTaP)²</td>
</tr>
<tr>
<td></td>
<td>(2) Sarampión, Paperas, y Rubéola (MMR)</td>
</tr>
<tr>
<td></td>
<td>(4) Polio³</td>
</tr>
<tr>
<td></td>
<td>(3) Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>(2) Varicela⁴</td>
</tr>
<tr>
<td></td>
<td>(2) Hepatitis A</td>
</tr>
</tbody>
</table>

REQUISITOS DE VACUNACIÓN PARA LOS ESTUDIANTES DE 7 - 12 GRADO

<table>
<thead>
<tr>
<th>Vacunas requeridas según el grado</th>
<th>Dósis de las vacunas requeridas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los niños ingresados en grados 7 y 12 deben cumplir los siguientes requisitos mínimos de vacunas, adicionales a los requisitos de ingreso a la escuela:</td>
<td>(1) Difteria, Tétanos, Tos Ferina (DTaP)</td>
</tr>
<tr>
<td></td>
<td>(1) Meningocócica</td>
</tr>
</tbody>
</table>

2. DTaP: La 5 dosis no es necesaria si la 4 dosis fue administrada a los 4 años de edad o más.
3. Polio: La 4 dosis no es necesaria si la 3 dosis se administró a los 4 años de edad o más y al menos 6 meses después de la dosis previa. Al menos una dosis de polio debe haber sido aplicada a los 4 años de edad o más.
4. Varicella: Historia de la enfermedad varicela documentada por un médico o profesional de salud licenciado cumple con el requisito.

Si en la cartilla de vacunación de su hijo faltan una o más dosis, comuníquese con su médico o clínica para obtener los datos completos de vacunación o las dosis faltantes. Si su hijo recibió vacunaciones recientemente y necesita una vacuna en una fecha posterior de este mismo año, se le puede permitir que asista a la escuela, con la condición que usted complete el formulario de admisión condicional y le apliquen las dosis faltantes cuando éstas deban ser aplicadas. Si su hijo no está vacunado completamente por razones médicas, religiosas o filosóficas, la escuela le puede proporcionar un formulario de exención de estado para que lo complete.

Referencia

Sección 39-4801, el Código de Idaho e IDAPA 16.02.15 “Requisitos de vacunación para los niños de las Escuelas de Idaho”
IDYCA MED Form E – MEDICAL HISTORY

PURPOSE: The following information must be filled-in and signed, in order for the youth to participate in IDYCA. Understandably, youth will need to be able to withstand the physical and emotional stressors. These questions are designed to determine if the youth has developed any condition which would make it hazardous to participate in IDYCA academic / athletic program. “Yes” answers are not necessarily disqualifiers. Dishonesty or non-disclosure of medical history are disqualifiers.

APPLICANT’S NAME: __________________________       ________________________      ___________  
Last First Middle  
Age: ________  

Parent / Legal Guardian: __________________________ Date of Birth: ______/____/____  

Primary Care Physician: __________________________ Physician Phone #: __________________________

DO YOU HAVE OR HAVE YOU EVER HAD? No Yes IF YES, EXPLAIN:
1. Asthma
2. Sinusitis or hay fever
3. Epilepsy or seizures
4. Wear corrective lenses
5. Lack of vision in either eye
6. Hearing loss
7. Food allergies
8. Medication allergies
9. Nose bleeds
10. Shortness of breath
11. Palpation or pounding heart
12. High or low blood pressure
13. Eating disorder
14. Frequent sore throats
15. Recurrent ear infections
16. Frequent or severe headaches
17. Dizziness or fainting spells
18. Head injury
19. Nerve injury
20. Tonsils removed
21. Jaundice or hepatitis
22. Broken bones
23. Skin disease
24. Organ loss
25. Hernia
26. Periods of unconsciousness
27. Recent gain / loss in weight
28. Wear a brace or back support
29. Swollen or painful joints
30. Arthritis, rheumatism, or bursitis
31. Frequent or painful urination

(Continued on next page)
DO YOU HAVE OR HAVE YOU EVER HAD?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>IF YES, EXPLAIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Recurrent back pain or any back injury</td>
<td>□ □</td>
</tr>
<tr>
<td>33</td>
<td>Trick or locked knee</td>
<td>□ □</td>
</tr>
<tr>
<td>34</td>
<td>Foot trouble</td>
<td>□ □</td>
</tr>
<tr>
<td>35</td>
<td>Bed wetting since age 12</td>
<td>□ □</td>
</tr>
<tr>
<td>36</td>
<td>Household contact with anyone who has tuberculosis</td>
<td>□ □</td>
</tr>
<tr>
<td>37</td>
<td>Tuberculosis or positive TB test</td>
<td>□ □</td>
</tr>
<tr>
<td>38</td>
<td>Have you ever been sexually active</td>
<td>□ □</td>
</tr>
<tr>
<td>39</td>
<td>STC / Syphilis / Gonorrhea, etc.</td>
<td>□ □</td>
</tr>
<tr>
<td>40</td>
<td>Have you ever been diagnosed with a learning disability?</td>
<td>□ □</td>
</tr>
<tr>
<td>41</td>
<td>Used illegal substance / Use tobacco</td>
<td>□ □</td>
</tr>
<tr>
<td>42</td>
<td>Sleep walking</td>
<td>□ □</td>
</tr>
<tr>
<td>43</td>
<td>Have you been a patient in any type of hospital?</td>
<td>□ □</td>
</tr>
<tr>
<td>44</td>
<td>Have you had, or have you been advised to have any operations?</td>
<td>□ □</td>
</tr>
<tr>
<td>45</td>
<td>Have you ever had any illness or injury other than those already noted?</td>
<td>□ □</td>
</tr>
</tbody>
</table>

REQUIRES CLEARANCE FROM A HEALTH CARE PROVIDER (FORM A):

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>IF YES, EXPLAIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Diabetes or hypoglycemia*</td>
<td>□ □</td>
</tr>
<tr>
<td>47</td>
<td>Heart trouble*</td>
<td>□ □</td>
</tr>
<tr>
<td>48</td>
<td>Pain or pressure in chest*</td>
<td>□ □</td>
</tr>
<tr>
<td>49</td>
<td>Bone, joint, or other deformity*</td>
<td>□ □</td>
</tr>
</tbody>
</table>

REQUIRES CLEARANCE FROM A HEALTH CARE PROVIDER (FORM F):

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>IF YES, EXPLAIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Suicide attempt or plans*</td>
<td>□ □</td>
</tr>
<tr>
<td>51</td>
<td>Ever been treated for mental health condition?*</td>
<td>□ □</td>
</tr>
<tr>
<td>52</td>
<td>Chronic depression*</td>
<td>□ □</td>
</tr>
</tbody>
</table>

FEMALES ONLY:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>IF YES, EXPLAIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Treated For a female disorder</td>
<td>□ □</td>
</tr>
<tr>
<td>54</td>
<td>Change in menstrual pattern</td>
<td>□ □</td>
</tr>
<tr>
<td>55</td>
<td>Do you take any birth control?</td>
<td>□ □</td>
</tr>
<tr>
<td>56</td>
<td>Date of last menstrual period: <em><strong>/</strong></em>/___</td>
<td>□ □</td>
</tr>
</tbody>
</table>

Please ensure you have not left any question unanswered. (Circle those questions you don’t know the answers to, in order to indicate that you have read them). Include explanations on the following page for all those questions marked, “Yes.” Explanations should include any of the following format that is applicable: “Date from – Date to, explanation or cause of illness or injury, treatment, or medication received/completed, outcome/result, etc.”

SIGNATURES:

Youth Applicant Signature ___________________________ Date ____/____/____

Parent / Legal Guardian Printed Name & Signature ___________________________ Date ____/____/____

(Revised August 2019)
**IDYCA MED Form F – MENTAL HEALTH CLEARANCE**

**PURPOSE:** Review medical history, if you answered “YES” to questions: 50, 51, or 52, additional clearance is required. Give this page to your mental health care provider to fill-out and sign.

<table>
<thead>
<tr>
<th>APPLICANT’S NAME:</th>
<th>DATE OF EXAM:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
</tbody>
</table>

**MENTAL HEALTH PROVIDER CONTACT INFORMATION:**

<table>
<thead>
<tr>
<th>Provider Full Name</th>
<th>Provider E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Provider Phone Number</th>
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</table>

Youth Diagnosis / Condition:


 Treatment Plan:


 **FOR MENTAL HEALTH CLEARANCE – QUESTIONS 50, 51, or 52 (Check Applicable Boxes and Initial Applicable Blanks):**

Were or are there any agencies or counseling services involved?  

- [ ] Yes  
- [ ] No

If Yes: Agency / Counselor: ____________________________ Phone: ________________

- [ ] It is my professional opinion that there is low risk to the patient’s mental health or to the safety of others, should the patient participate in the non-therapeutic Idaho Youth ChalleNGe Academy, a 22-week residential, quasi-military program.

- [ ] It is my professional opinion that this patient should NOT participate in this Program.

I understand that the healthcare staff at the Idaho Youth ChalleNGe Academy may contact me for clarification of any above condition or clearance, should they need. I also understand that there is no physician on-staff, and prescribed medications will need to be refilled by this prescribing provider throughout the course of the youth’s stay. I have taken into consideration that any counseling conducted at IDYCA is non-therapeutic and not part of a treatment plan.

Mental Health Provider/Prescriber Signature ____________________________ Date _____/_____/_____
IDYCA MED Form G – MEDICATION HISTORY

APPLICANT’S NAME:

Last ___________________________________ First _______________________________ Middle ________________

Are you currently using any prescribed medications?  □ Yes or □ No
If yes, list all medications – dose and time taken: __________________________________________________________

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Time</th>
<th>How long have you been taking it?</th>
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</table>

Have you stopped taking prescription medications within the last 3 months?  □ Yes or □ No
If yes, list medications, and reasons for originally taking and reasons for discontinuing: _______________________

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Reason for Medication</th>
<th>Why did you stop?</th>
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</table>

Are you allergic to any medications, foods, or other agents such as bee stings, ragweed, etc.?  □ Yes or □ No
If yes, explain: __________________________________________________________

|                       |                       |
|                       |                       |

SIGNATURES:
I certify that I have reviewed the foregoing information, supplied by me, and that it is true and complete.

________________________/______/______
Youth Applicant Signature
Date

________________________/______/______
Parent / Legal Guardian Printed Name & Signature
Date
# IDYCA MED Form H – DENTAL HEALTH STATEMENT

**PURPOSE:** This patient is an Applicant for the Idaho Youth ChalleNGe Academy (IDYCA). A dental examination is required by IDYCA to identify any required or anticipated dental work. This exam is used to determine Applicant eligibility. Our desire is that Cadets are able to participate in our Program, free from pain and discomfort caused by needed dental work. **Examinations can be no older than one (1) year from Program class start date.** Please complete the information below. This will facilitate this requirement.

<table>
<thead>
<tr>
<th>APPLICANT’S NAME:</th>
<th>DATE OF EXAM:</th>
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<tbody>
<tr>
<td>Last</td>
<td>First</td>
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</tbody>
</table>

By initialing, I certify that I have examined this youth and he/she has no apparent dental problems or concerns at this time.

Please indicate any dental or orthodontic treatments, if applicable:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

**Wisdom teeth will not be removed during the twenty-two (22) week cycle. If surgery is indicated, it needs to be completed at least two-weeks prior to the scheduled registration date. Sites must be completely healed and a release should be obtained from the dentist.**

Cadets who wear braces should have adjustments made during scheduled breaks. Any appointments for orthodontia work will require transportation from parent(s)/guardian(s), with coordination of Medical Staff.

**SIGNATURES:**

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<thead>
<tr>
<th>Dental Care Provider Printed Name</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><em><strong>/</strong></em>/____</td>
</tr>
<tr>
<td>Dental Care Provider Signature</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th></th>
</tr>
</thead>
</table>
APPLICANT’S NAME: __________________________       ________________________      _________________
Last                                                                           First
Middle

Social Security Number: ______-____-_______    Age: ______   Date of Birth: ___/___/____

Mailing Address ___________________________    City: ___________    State: ___________    Zip Code: ___________
Phone Number _______________

*This section is MANDATORY and must be filled out COMPLETELY*

EMERGENCY CONTACT:

Contact Name: ___________________________    Relationship to Patient: ___________________________
Address: ___________________________    Date of Birth: ___/___/____
            Street: ___________________________    City: ___________________________    State: ___________    Zip Code: ___________
            Phone: ___________________________

RESPONSIBLE PARTY (Person who is responsible for medical co-pays and outstanding balances):

Full Name: ___________________________    Relationship to Patient: ___________________________
Address: ___________________________    Home Phone: ___________________________
            Street: ___________________________    City: ___________________________    State: ___________    Zip Code: ___________
            Cell Phone: ___________________________
Employer: ___________________________    Work Phone: ___________________________

MEDICAL INSURANCE INFORMATION (Include a copy of your insurance card and/or Medicaid card – front & back):

Medical Insurance Company: ___________________________    Medicaid or Group #: ___________________________
Policy Holder’s Name: ___________________________    SSN: ___________________________    DOB: ___________________________
Insurance Company Address: ___________________________    Ins. Phone #: ___________________________

SIGNATURES:

I hereby grant permission to IDYCA to provide medical care for my son/daughter. If my son/daughter needs emergency medical/dental attention due to an accident or injury, I hereby authorize the attending medical/dental personnel at the Emergency Facility to provide whatever treatment is necessary, to include but not limited to x-rays, anesthesia, diagnostic procedures, medical procedures, dental procedures, and/or interventions. In the event of an emergency illness or injury, I understand that reasonable effort will be made to contact me. Reasonable effort means that I may not be contacted first, but will be contacted as soon as possible by the staff from IDYCA. I understand that IDYCA has a full-time Registered Nurse and a full-time assistant to the Nurse (CNA). I grant permission for any of the Medical Staff and Cadre Team Leader in-charge to dispense medication to my son/daughter. This medication may be a prescription, which has been prescribed directly to my son/daughter by a physician, or it may be over-the-counter medication, as deemed necessary by IDYCA.

It is further understood that IDYCA carries medical insurance for accidental injuries only. Medical care outside the scope of IDYCA Staff will be the financial responsibility of the parent / legal guardian. The Medical Staff will determine the need for my son/daughter to be seen by a physician, if necessary.

Youth Applicant Signature _______________    Date ___/___/____

Parent / Legal Guardian Signature _______________    Date ___/___/____
**IDYCA MED Form J – AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDS**

**PURPOSE:** Both the parent/guardian and Applicant must read and sign this form, indicating their agreement and acceptance of the terms and conditions outlined below.

**APPLICANT’S NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**LIST OF OVER-THE-COUNTER MEDICATIONS THAT MAY BE USED:**

<table>
<thead>
<tr>
<th>Health Complaint</th>
<th>Examples of Medications Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>Benadryl, Claritin, Allegra</td>
</tr>
<tr>
<td>Athlete’s Foot</td>
<td>Lotrimin, Anti-fungal creams</td>
</tr>
<tr>
<td>Bee Sting</td>
<td>Hydrocortisone cream, Benadryl</td>
</tr>
<tr>
<td>Cold, cough, sore throat</td>
<td>Mucinex, Coldonyl, Sudonyl, Delsem</td>
</tr>
<tr>
<td>Constipation</td>
<td>Milk of Magnesia, Colace, Miralax</td>
</tr>
<tr>
<td>Cramps</td>
<td>Ibuprofen, Tylenol</td>
</tr>
<tr>
<td>Cuts, Scrapes, Lacerations</td>
<td>Hydrogen Peroxide, Betadine, Bacitracin, Triple antibiotic ointment</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Imodium, Bismuth subsalicylate, Alkalak</td>
</tr>
<tr>
<td>Ear care</td>
<td>Debrox, Hydrogen Peroxide</td>
</tr>
<tr>
<td>Eye irritation</td>
<td>Artificial tears, Visine</td>
</tr>
<tr>
<td>Ingrown toenail</td>
<td>Epsom salt soak</td>
</tr>
<tr>
<td>Irritated skin, But bites</td>
<td>Aloe, Hydrocortisone cream</td>
</tr>
<tr>
<td>Lice treatment</td>
<td>RID lice killing shampoo</td>
</tr>
<tr>
<td>Minor burns, Sunburn</td>
<td>Aloe, Sunscreen lotion</td>
</tr>
<tr>
<td>Pain, Fever, Headache</td>
<td>Tylenol, Ibuprofen</td>
</tr>
<tr>
<td>Upset stomach, Heartburn</td>
<td>TUMS Antacid, Bismuth subsalicylate</td>
</tr>
</tbody>
</table>

**SIGNATURES:**

I authorize the IDYCA Staff to give certain over-the-counter medications (per label instructions) for the treatment of minor injuries and illnesses (listed above). Before giving medications, the Nurse checks medical history, allergies, and any other medications your youth is taking, to make sure there is no conflict.

**Youth Applicant Signature**

_____/_____/_____

**Date**

**Parent / Legal Guardian Printed Name & Signature**

_____/_____/_____

**Date**
IDYCA MED Form K – UNDERSTANDING OF LIMITED MEDICAL SERVICES

PURPOSE: This form outlines the medical conditions that might prevent entrance or continued enrollment into IDYCA. It explains the policies and procedures that govern how medications and medical services are provided to the Applicant.

APPLICANT’S NAME: __________________________       ________________________      _________________
Last                                                                           First
Middle

OVERVIEW:
The Idaho Youth ChalleNGe Academy (IDYCA) has very limited medical services available to the Applicant. IDYCA has a full-time Registered Nurse and a full-time assistant to the Nurse (CNA) that are available for minor illnesses and injuries. We are unable to provide and do not have the resources to transport youth to any “on-going” treatment or care. We are unable to accept Applicants who will require on-going medical or dental care. Parent(s)/legal guardian(s) are to take care of all medical, dental, and vision matters that will prevent Program participation prior to registration. All medical conditions must be disclosed at time of application. If it is learned after the Applicant arrives at IDYCA that serious medical conditions exist, the youth will be dismissed from the Program and sent home. IDYCA will not accept responsibility, financial for personal liability, or risk for previous medical, physical, or mental histories that limit participation in the Program. Applicants must have a physical examination completed by a licensed medical provider within six months from the start date of the class for which they are applying. All injuries and dental/medical/vision conditions must be resolved, and the Applicant free from additional required care, prior to entrance into the Program.

The following conditions may prevent entrance into IDYCA:
• Extensive use of multiple medications necessary to treat multiple conditions on a daily basis.
• Current or previous injuries/surgeries that prevent full participation in all IDYCA activities.
• Dental services: braces adjustments, broken teeth, cavities, abscess and mouth disorders that impact/prevent the ability of the Applicant to participate without on-site care or assistance.
• Conditions or medications that adversely react or have side effects impacted by the high intensity physical activity and seasonal weather conditions that that compromise the safety, health, and welfare of the youth. Medications/conditions that may react adversely to extreme summer heat and winter cold.
• Historic or current conditions requiring medical, psychological or psychotic intervention for suicide treatment, manic depression, anxiety, etc. Mental health services are not available from IDYCA.
• Extensive dietary restrictions medically required by a medical physician.

IDYCA medications/medical care policy:
• All required prescription medications must be disclosed in advance during the application process.
• All potential side effects and limitations of required medications must be disclosed at time of application.
• A medical release, approval and signature must be provided by the doctor in advance stating: Applicant can safely participate in extreme hot and cold conditions, while consuming required prescription/medication(s).
• Parents/guardians are entirely responsible for all prescription medications and re-fills during the Program.
• Parents/guardians are responsible for all required medical/dental/psychological care before, during, and after participation in IDYCA.
• Injuries/physical/medical changes or new medications, required by the Applicant after the initial physical examination, must be disclosed in writing prior to entry into IDYCA for purposes of review, safety, health, and welfare.
• Cadets with dental or medical needs that require ongoing “emergency” care off-site and time away from the Program for five (5) days, or that prevent participation will be dismissed and sent home.
• Medical/dental/vision care that does not hinder participation is to occur during IDYCA scheduled breaks.

SIGNATURES:
I understand and agree that I am responsible for all medical/dental/mental health care of my youth during, before and after participation in IDYCA. By my signature below, I acknowledge that I have read and understand the above medical information.

Youth Applicant Signature __________________________       Date ______/_____/_____

Parent / Legal Guardian Printed Name & Signature __________________________       Date ______/_____/_____

(Revised August 2019)
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
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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<thead>
<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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<table>
<thead>
<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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<table>
<thead>
<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>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Cell Phone Directories</th>
<th>Email Addresses</th>
<th>Others</th>
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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 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 Form A – MENTORING AGREEMENT

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 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
# 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>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cell Phone:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Message Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAILING, IF DIFFERENT:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box/RR/HC</td>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th></th>
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<tbody>
<tr>
<td>Married</td>
<td>Divorced</td>
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<tr>
<td>Single</td>
<td>Widowed</td>
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</table>

<table>
<thead>
<tr>
<th>Are you related to this youth?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes, How?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you speak more than one language?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes, Which ones?</td>
</tr>
</tbody>
</table>

| What are your interests and/or hobbies? |

<table>
<thead>
<tr>
<th>If this match does out work out, would you consider mentoring another youth from your area?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## EMPLOYMENT INFORMATION:

<table>
<thead>
<tr>
<th>Employer:</th>
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<th>Work Phone:</th>
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<tbody>
<tr>
<td>Address</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment Status:</th>
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<tbody>
<tr>
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<td>Part Time</td>
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<tr>
<td>Temporary</td>
<td>Volunteer</td>
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<tr>
<td>Retired</td>
<td>Unemployed</td>
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<table>
<thead>
<tr>
<th>Dates of Employment:</th>
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<tbody>
<tr>
<td><strong>/</strong>/__ To <strong>/</strong>/__</td>
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</table>

## EDUCATION INFORMATION:

<table>
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<tr>
<th>High School Graduate?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GED?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>College / University or Tech. School:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Years Attended:</th>
<th>Degree:</th>
</tr>
</thead>
</table>

---

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

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

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 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 → 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)
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.
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
- DOB / Place of birth
- Employment history
- Nonpublic use photos
- Health information
- Social Security number
- Driver’s license number
- Vehicle license number
- Criminal history
- Home address / phone number / email address

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

(Revised August 2019)

Mentor Application
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 Mentor Nominee 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: ___________________________________________ Last ____________________________ First ____________________________ Middle ____________________________

SSN: ____________________________

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? ☐ No ☐ Yes, Explain incident (specify state & date): ___________________________________________

Have you ever been convicted of a sex-related crime? ☐ Yes ☐ No or ☐ Yes or ☐ No

Have you ever been arrested for a crime involving force and/or minors? ☐ No ☐ Yes, Explain incident (specify state & date): ___________________________________________

Have you ever been convicted of a crime involving violence or threat of violence? ☐ No ☐ Yes, Explain incident (specify state & date): ___________________________________________

Do you have a history of physical abuse and/or domestic violence? ☐ YES ☐ NO ☐ Does not apply

If YES, was a police report filed? ☐ YES ☐ NO ☐ Does not apply

If YES, were charges filed? ☐ YES ☐ NO ☐ Does not apply

If YES, were you convicted? ☐ YES ☐ NO ☐ Does not apply

Have you ever been convicted of a crime involving drug activity or alcohol related offenses? ☐ No ☐ Yes, Explain incident (specify state & date): ___________________________________________

Do you have a history of alcohol, drug, or substance abuse? ☐ Yes or ☐ No

Have you ever been convicted of a crime, other than a minor traffic violation? ☐ Yes or ☐ No

If YES, What was the crime? _______________________________________________________________________________ Outcome? ___________________________________________________________________________

Have you been arrested for a crime and are awaiting formal filing of charges or trial? ☐ Yes or ☐ 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.**

(Continued on next page)

(Revised August 2019)
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.

<table>
<thead>
<tr>
<th>1. REFERENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. REFERENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. REFERENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
</tr>
<tr>
<td>Home Phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>
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
- Morals
- Compassion
- Completes commitments
- Emotional stability
- Reachable (returns calls, emails, etc.)

Excellent □ Good □ Average □ Poor □ Unknown □

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.

(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>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your relationship to the applicant?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:**

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

<table>
<thead>
<tr>
<th>Personal Reference’s Printed Name</th>
<th>____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Reference’s Signature</td>
<td>____________________________</td>
</tr>
<tr>
<td>Date</td>
<td>____________________________</td>
</tr>
<tr>
<td>Address</td>
<td>____________________________</td>
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<tr>
<td>City</td>
<td>____________________________</td>
</tr>
<tr>
<td>State</td>
<td>____________________________</td>
</tr>
<tr>
<td>Zip Code</td>
<td>____________________________</td>
</tr>
<tr>
<td>Phone Number</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

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

(Revised August 2019)