New Jersey Youth ChalleNGe Academy
100 Camp Drive, Sea Girt, NJ 08750
Phone: (732) 974 - 6500

Part D – Mentor Application

Please TYPE or PRINT CLEARLY using black or blue ink.

This is the Mentor Application Packet. Families who are applying to the program should provide this application to a potential mentor of their Youth's choice. Once the packet is completed, ask the family to give you the email address of the Youth's Admissions Specialist and submit the packet to that email.

Consult the letter on the next page for some common examples of Mentors. If you cannot find a Mentor, we encourage you to reach out to your local Family Success Center or Big Brother/Big Sister for assistance. Let your assigned Admissions Specialist know if you still cannot find anyone.

If you are applying to mentor a non-specific Cadet (i.e. you are applying to mentor a Cadet who could not find a Mentor), fill out the packet as completely as possible, and leave Youth Signature and Youth Name lines blank. They will be filled in once you are matched with a Cadet.

Mentor Requirements

1. Twenty-one (21) years of age or older
2. Same gender as the Youth (this is a waivable requirement)
3. Live geographically close to the Youth
4. **NOT** the parent, guardian, or sibling of the Youth
5. **NOT** living in the same household as the Youth
6. Free of any felony, sex offender, or drug convictions
7. Willing to submit to an FBI Fingerprint Background Check
8. Able to meet all responsibilities of a ChalleNGe Mentor (see letter on the next page)

Form #	Checklist	
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D2	☐	Mentor Assessment & Position Description
D3	☐	Mentor Authorization to Release Information (MARI) & Mentor Liability Release
D4	☐	Mentor References Selection
D5 & D6	☐	Mentor References 1 & 2

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Letter to the Parent/Guardian

To the Youth's Parent(s)/Legal Guardian(s),

Thank you for your interest in the New Jersey Youth ChalleNGe Academy. As part of your application, you and your Youth are required to identify at least one person who is willing to help 'mentor' your Youth after they graduate from the NJ Youth ChalleNGe Academy. Families often select grandparents, aunts, uncles, cousins, family friends, teachers, guidance counselors, or other trusted and respected adults as Mentors. Listed below are the requirements for someone to qualify as a potential Mentor and a list of what will be expected of them.

Mentor Requirements

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3. Live geographically close to the Youth
4. **NOT** the parent, guardian, or sibling of the Youth
5. **NOT** living in the same household as the Youth
6. Free of any felony, sex offender, or drug convictions
7. Willing to submit to an FBI Fingerprint Background Check

Mentor Responsibilities

1. Visit their Youth on-base in Sea Girt, NJ while the Youth is attending the ChalleNGe program on scheduled dates (three (3) times during the program).
2. Take weekly phone calls (about fifteen (15) minutes each) after the midpoint of the ChalleNGe program.
3. Submit monthly reports to the assigned Case Manager for the twelve (12) months following graduation.

You and your Youth should work together to jointly identify, discuss with, and select a Mentor-Applicant. Once you have chosen a Mentor-Applicant, give this packet to them to complete, along with the email address of your assigned Admissions Specialist. The Mentor-Applicant should then fill out this packet in its entirety and send it directly to the email of the assigned Admissions Specialist. If they have any questions or would like further information on the ChalleNGe Mentorship Program, the Mentor-Applicant should reach out to that Admissions Specialist. We thank you for your interest in the NJ Youth ChalleNGe Academy and we look forward to receiving your full application.

Respectfully,

The ChalleNGe Case Management Team

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Letter to the Mentor-Applicant

To the Mentor-Applicant,

Thank you for applying to become a ChalleNGe Mentor. The NJ Youth ChalleNGe Academy truly appreciates you volunteering your time and effort to help our youth find success in life. Listed below are the requirements to become a ChalleNGe Mentor, as well as what will be expected of you.

Mentor Requirements

1. Twenty-one (21) years of age or older
2. Same gender as the Youth (this is a waivable requirement)
3. Live geographically close to the Youth
4. **NOT** the parent, guardian, or sibling of the Youth
5. **NOT** living in the same household as the Youth
6. Free of any felony, sex offender, or drug convictions
7. Willing to submit to an FBI Fingerprint Background Check

Mentor Responsibilities

1. Visit your Youth on-base in Sea Girt, NJ while the Youth is attending the ChalleNGe program on scheduled dates (three (3) times during the program).
2. Take weekly phone calls (about fifteen (15) minutes each) after the midpoint of the ChalleNGe program.
3. Submit monthly reports to your assigned Case Manager for the twelve (12) months following graduation.

If you have any questions about your application, what being a Mentor entails, or other concerns, please contact your Youth's assigned Admissions Specialist, who's contact information can be provided by your Youth's family. An overview of the Mentor application process is listed below.

Application Process

1. Receive this application packet. This should be provided by the family who wishes you to be their Youth's Mentor, or a NJ Youth ChalleNGe Case Manager. Ensure you get the email address for your Youth's assigned Admissions Specialist or your assigned Case Manager.
2. Complete this application packet. This packed must be completed in its entirety (apart from lines such as 'Youth Name' **ONLY IF** you don't yet know who you will be mentoring). This includes providing **TWO** character references and having them each fill out one of the Mentor Reference pages at the end of this packet.
3. Submit this application packet. Send the completed packet to your Youth's assigned Admissions Specialist. If you are applying to mentor a non-specific Cadet, you will send this packet to your assigned Case Manager.
4. Complete the phone interview. You will receive a phone call after the first few weeks of the Class from one of our Admissions Department staff. You will answer a few short questions, be given some more information on the ChalleNGe program, and can ask any questions you may have at that time.
5. Complete your FBI Background Check. Shortly after your phone interview, you will receive an email explaining how to schedule an appointment with IdentoGo and how to get your fingerprints taken. Schedule and attend your fingerprinting appointment and notify your assigned Case Manager once you have done so.
6. Receive your approval and attend Mentor Training. After we receive the results of your background check, we will notify you of your Mentor Application approval or denial. Should you be approved, you will be given the dates of the on-base 'Mentor Day' visits. The first scheduled visit will incorporate your Mentor Training, where you will be briefed on ChalleNGe Policies, the ChalleNGe Program model, and your role and responsibilities as a Mentor in greater depth.

Respectfully,

The ChalleNGe Case Management Team

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Mentor Background Check Information

Youth Last Name	Youth First Name	Youth Middle Name

Mentor Background Check Information

Mentor Last Name	Mentor First Name	Mentor Middle Name		
Social Security No.	Date of Birth	Sex	Race	
Height (Ex. 6' 1")	Weight (lbs)	Maiden/Alias Last Name		
Country of Birth	U.S. State of Birth	Country of Citizenship	Hair Color	Eye Color
Street Address			Apt. No.	
City		State	Zip Code	
Email		Phone Number		

Important Information

1. Take note that your Social Security Number is included in the required information above. It is therefore recommended that you think carefully about who you provide this entire packet to. When you need to send the final pages of this packet to your character references, you should send those pages separately or remove this page from the packet before doing so.
2. Your background check will screen for all federal and state offenses. You will be asked if you have any arrests, investigations, or convictions both on the next page and during your Mentor Interview. Give honest answers so the Case Management Team knows up-front if you will be eligible to be a ChalleNGe Mentor, saving your time and the Academy's resources.
3. You will be scheduling an appointment with your closest IdentoGo location to get your fingerprints taken. You will receive detailed instructions from the Case Management Team once the time comes to be fingerprinted.

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Mentor Assessment

Youth Name (Last, First): _____

Mentor-Applicant Name (Last, First): _____

Relationship to Youth: _____ How long you have known your Youth: _____

1. Have you ever been investigated, arrested, or convicted of a crime? If yes, explain:

   _____

2. Do you use any illegal substances? If yes, explain.

   _____

3. Do you drink alcohol? If yes, explain frequency and quantity.

   _____

4. Are you employed? If yes, what do you do?

   _____

5. What hobbies and activities do you enjoy?

   _____

6. Do you have any other volunteer commitments? If yes, explain.

   _____

7. Do you have any previous experience working with at-risk youth? If yes, explain.

   _____

8. Why do you want to be a ChalleNGe Mentor? Why would you make a good ChalleNGe Mentor?

   _____

   _____

Mentor Position Description

The role of a ChalleNGe Mentor is to guide and advise their matched Youth during the Residential and Post-Residential phases of the ChalleNGe program. Mentors will assist their Youth in creating a life-plan for the twelve (12) months following graduation (known as a Post-Residential Action Plan, or P-RAP) and will be responsible for ensuring their Youth pursues, adapts, and maintains that plan. The requirements to be a ChalleNGe Mentor are listed in the 'Letter to the Mentor-Applicant.' Listed below is what will be expected of you as a Mentor:

1. Visit your Youth on-base in Sea Girt, NJ while the Youth is attending the ChalleNGe program on scheduled dates (three to five (3 to 5) times during the program).
2. Take weekly phone calls (fifteen (15) minutes each) after the midpoint of the ChalleNGe program.
3. Submit monthly reports to your assigned Case Manager for the twelve (12) months following graduation.

I have read and understand the Mentor expectations: _____ _____
Mentor-Applicant Signature Date

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Mentor Agreement to Release Information (MARI)

I hereby authorize the ChalleNGe Program, along with law enforcement departments, to conduct any background search that may be deemed appropriate to determine my eligibility to become a ChalleNGe Mentor. This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the ChalleNGe Program.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability. I hereby release the ChalleNGe Program and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and the ChalleNGe Program.

Furthermore, I authorize the ChalleNGe Program to release my full legal name, phone number, and email to the parent(s)/legal guardian(s) of my Matched Youth at the appropriate time in order to establish a positive working relationship during the Post-Residential Phase. My mailing address will ONLY be provided to my Matched Youth so they may write letters during the Residential Phase.

Mentor-Applicant Full Legal Name (Print): _____

Mentor-Applicant Signature: _____ Date: _____

Mentor Liability Release

I am volunteering my services to the New Jersey Youth ChalleNGe Academy. I understand and agree that I will be in contact with Cadets of the NJ Youth ChalleNGe Program and that I must exercise care in supervising and interacting with the Cadets in my presence. I also understand and agree that I am not a NJ Youth ChalleNGe Program agent, and that ChalleNGe does not retain any power to control how these activities are to be conducted in the State of New Jersey.

I understand that I am serving in a volunteer capacity and do not represent the NJ Youth ChalleNGe Academy in any official capacity and agree that I will not represent to any other party that I am a representative of the NJ Youth ChalleNGe Academy.

I therefore agree that because I am not an employee of the NJ Youth ChalleNGe Academy, I have no claim to wages, salary, or benefits, including but not limited to: unemployment compensation, workers' compensation, health insurance, life insurance, reimbursement for travel or any other befit or protection that may by claimed by a New Jersey state employee.

I further release NJ Youth ChalleNGe Academy from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this volunteer agreement, whether such damage, loss or injury is caused by the negligence of NJ Youth ChalleNGe, its officers, agents, employees or otherwise.

I understand and agree that all data provided to me pursuant to my volunteer relationship with the NJ Youth ChalleNGe Academy shall remain confidential and will not be duplicated or disclosed to anyone outside of the NJ Youth ChalleNGe Academy.

Mentor-Applicant Signature: _____ Date: _____

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Mentor References Selection

As part of the application process, Mentor-Applicants need to submit **TWO (2)** references. A personal reference is someone that you know socially and that is not a relative and not your Youth's parents.

Directions

1. Select two individuals that are familiar with you.
2. List their contact information below.
3. Have each person complete one 'Mentor Reference' page.
4. Return reference forms with your Mentor Packet to your Youth's assigned Admissions Specialist or your assigned Case Manager.

Contact Reference One (1)

Name: _____

Phone Number: _____

Email Address: _____

Contact Reference Two (2)

Name: _____

Phone Number: _____

Email Address: _____

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Mentor Reference One (1)

Youth Name (Last, First): _____

Mentor-Applicant Name (Last, First): _____

The above listed person has applied for volunteer work with the New Jersey Youth ChalleNGe Academy in the capacity of a ChalleNGe Mentor, guiding and advising at risk youth as they move into the adult world. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can.

Please mark one box in each row to rate the Mentor-Applicant.

	Excellent	Good	Average	Poor	Unknown
Character	☐	☐	☐	☐	☐
Morals	☐	☐	☐	☐	☐
Compassion for Others	☐	☐	☐	☐	☐
Loyalty and Dedication	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐

1. How long have you known the Mentor-Applicant? How do you know them?

   _____

2. Does he/she work well with others?

   _____

3. Does he/she follow through with their commitments?

   _____

4. If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth? Explain.

   _____

   _____

Reference Name (Printed): _____

Reference Signature: _____ Date: _____

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Verified By: _____

Signature: _____ Date: _____

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Mentor Reference Two (2)

Youth Name (Last, First): _____

Mentor-Applicant Name (Last, First): _____

The above listed person has applied for volunteer work with the New Jersey Youth ChalleNGe Academy in the capacity of a ChalleNGe Mentor, guiding and advising at risk youth as they move into the adult world. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can.

Please mark one line in each row to rate the Mentor-Applicant.

	Excellent	Good	Average	Poor	Unknown
Character	☐	☐	☐	☐	☐
Morals	☐	☐	☐	☐	☐
Compassion for Others	☐	☐	☐	☐	☐
Loyalty and Dedication	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐

1. How long have you known the Mentor-Applicant? How do you know them?

   _____

2. Does he/she work well with others?

   _____

3. Does he/she follow through with their commitments?

   _____

4. If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth? Explain.

   _____

   _____

Reference Name (Printed): _____

Reference Signature: _____ Date: _____

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Verified By: _____

Signature: _____ Date: _____