



GYCP MENTOR PROSPECT

The Post-Residential Phase of the Georgia Youth Challenge Program is crucial to the long-term success of graduates. The goal of the Post-Residential Phase is to ensure graduates achieve their identified goals and remain free from criminal activity and substance-abuse problems. Mentors who are committed to helping the young person they volunteer to assist, are indispensable in the Post-Residential Phase, and ultimately, to the long-term success of the graduate.

Good mentors may be found in many places: youth workers, teachers, religious leaders, coaches, business professionals, community workers, good neighbors.... It is best if the candidate already has a relationship or knows the potential mentor.

QUALIFICATIONS OF A MENTOR

- Be at least 21 years old and the same gender as the candidate.
- Must be are
- Be able to successfully pass a criminal background check.
- Not live in the same house, be a close relative, the girlfriend/boyfriend's parent, or the employer of the candidate or his/her parents or guardian.
- Capable of being a role model who demonstrates by example the types of life-skills, work-ethics and attitudes needed to be a productive member of society.

ACADEMY'S EXPECTATION OF MENTORS

- Attend a four (4) hour mentor training session that will be provided (discussed below).
- Write cadet and provide encouragement during the five (5) month residential phase.
- Contact the graduated cadet at least once a week (face-to-face at least twice a month) during the twelve (12) month Post-Residential Phase following graduation.
- Provide guidance for social development and achievement of the graduate's goals and objectives after graduation.

MENTOR TRAINING

All individuals volunteering to be a mentor; **MUST ATTEND MENTOR TRAINING**. Individuals will receive training in program requirements, supervision and guidance of at-risk youth, available support resources, and the actual role of a mentor. Each mentor will receive more information regarding training after the youth has been accepted. Mentors are required to attend one training session. For additional information, contact at Fort Stewart, Ms. Fisher at (912) 876-1743/1745; or at Fort Gordon, Ms. Howard at (706) 823-9274.

NAME OF THE STUDENT I WISH TO MENTOR: _____

STUDENT DOB: _____

Cleared: Y / N: _____

MENTOR APPLICATION FORM

DATE OF BIRTH: _____

(MUST PROVIDE IN ORDER TO PROCESS)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

*ETHNICITY (Circle One): American Indian/Alaskan Asian or Pacific Islander

Black not of Hispanic Origin Hispanic Multiracial Other White not of Hispanic Origin

GENDER (Circle One): Male Female MARITAL STATUS (Circle One): Married Single Widowed SPOUSE'S NAME:

NUMBER OF CHILDREN: _____

EMPLOYMENT INFORMATION

OCCUPATION: _____

EMPLOYMENT STATUS (Circle One): Full-Time Part-Time Volunteer Retired Unemployed

ORGANIZATION: _____ HOW LONG EMPLOYED? _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS:

POSITION	EMPLOYER	HOW LONG EMPLOYED	REASON FOR LEAVING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOME ADDRESS INFORMATION

STREET ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____

PAGER: (____) _____ E-MAIL: _____

EDUCATIONAL INFORMATION

HIGH SCHOOL/GED GRADUATE: Yes No YEAR: _____

YEARS OF COLLEGE/ UNIVERSITY: None 1-2 3-4 5-8 9-12

DRIVING & LEGAL INFORMATION

DO YOU HAVE YOUR OWN TRANSPORTATION? Yes No

DO YOU HAVE CAR INSURANCE? Yes No

IF NO, DO YOU HAVE ACCESS TO TRANSPORTATION? Yes No

WOULD YOU BE ABLE TO ATTEND MENTOR TRAINING? Yes No

HAVE YOU EVER USED ILLEGAL DRUGS? Yes No

IF YES, WHEN AND WHAT TYPE OF DRUGS? _____

WILL BE USED FOR STATISTICAL DATA ONLY.

NAME OF THE STUDENT I WISH TO MENTOR: _____

YOUTH EXPERIENCE

DO YOU HAVE EXPERIENCE WITH YOUTH/CHILDREN? Yes No IF YES, DESCRIBE:

WHY DO YOU WANT TO BECOME A VOLUNTEER MENTOR WITH THE YOUTH CHALLENGE PROGRAM?

HOW LONG HAVE YOU KNOWN THE CANDIDATE? _____

PLEASE EXPLAIN HOW YOU CAME TO KNOW THE CANDIDATE YOU WISH TO MENTOR: _____

LIST ANY INTERESTS, HOBBIES AND ACTIVITIES YOU ENJOY: _____

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD BE WILLING TO SHARE? Yes No

IF YES, PLEASE EXPLAIN: _____

REFERENCES---PROVIDE FOUR (4), NON-RELATED (EMPLOYER, CLERGY, FRIEND)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM AND AM IN GOOD HEALTH. I AM NOT, NOR WILL I BE, DRUG- OR ALCOHOL-DEPENDANT DURING MY MENTORSHIP. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES IN MY APPLICATION INFORMATION TO YOUTH CHALLENGE ACADEMY.

MENTOR APPLICANT'S SIGNATURE

DATE

NAME OF THE STUDENT I WISH TO MENTOR: _____

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched GYCP graduate, and that I must exercise care in supervising my mentee while we are together. I also understand and agree that I am not a Georgia Youth ChalleNGe Program agent, and that I am responsible for choosing and conducting all activities with my mentee, and that ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Georgia _____.

I therefore agree that Georgia Youth ChalleNGe will not be liable for, and I agree to hold Georgia Youth ChalleNGe harmless from any and all liability, causes of action and losses imposed on it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or Georgia Youth ChalleNGe negligence, or otherwise.

I further release Georgia Youth ChalleNGe 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 mentoring agreement, whether such damage, loss, or injury is caused by the negligence of Georgia Youth ChalleNGe, its officers, agents, servants, employees, or otherwise.

Mentor's Signature _____

Date _____

NAME OF THE STUDENT I WISH TO MENTOR: _____

Mentor Authorization To Release Information

I, _____, hereby authorize the Georgia Youth ChalleNGe Program, along with law enforcement departments, to conduct whatever background search that may be deemed appropriate.

This information is necessary to assist in determining my qualifications and suitability for the mentoring position I am seeking with the Georgia Youth 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 Georgia Youth 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 Georgia Youth ChalleNGe Program.

Full name _____ Ethnicity _____

Any other name used _____

Date of birth _____ Gender _____

Place of birth _____

Social Security Number (Last Four Numbers Only) _____

Length of time lived in this state _____

State where you used to live _____

Signed _____

Dated _____

