



Youth ChalleNGe

[Arkansas National Guard Youth ChalleNGe](#)

Student Application

We accept applications on a first come first served basis we urge you to get your application submitted as soon as possible. The classes fill up very quickly, so don't wait until the last minute.

Eligibility requirements for our program:

- ◆ 16, 17, or 18 years of age upon entry
- ◆ A youth who is failing in school or no longer attending school and who has not received a high school diploma or a GED
- ◆ No pending felony charges or felony convictions
- ◆ Mentally and physically capable to participate in the program
- ◆ Volunteer to attend program
- ◆ Be free of illegal drugs (Candidates will be tested for drug use)
- ◆ Unemployed or underemployed

Directions and packing list will be forwarded after acceptance has been established with the program.

Application Instructions-Read Carefully

If you have questions about filling out the application, please contact the AYC.

We recommend that you **keep a copy of your entire application.**

NOTE – Application should not be signed until in the presence of an admissions coordinator

Reference page 11 & 15: Notary will be completed at your interview.

Mailing Address:
Arkansas Youth ChalleNGe
PO Box 41
Camp J.T. Robinson
North Little Rock, AR 72199

Phone:
800-814-8453
501-212-5565

APPLICATION CHECKLIST
Incomplete Applications will not be accepted!

- 2-3. Applicant & Parent/Legal Guardian information sheet
- 3-4. Report of Medical History (Include documentation or explain questions 10 & 11)
- 5-7. Report of Medical History (Part 2)
- 8. Applicant goals
- 9. Legal Information (Law Violations)
- 10. Special Power of Attorney for the Authorization of Medical Care/Medical Expense Statement.
- 11. Certificate of Understanding and Release of Liability
- 12. Acknowledgement of Legal Custody & Drug, Alcohol, Pregnancy and HIV Testing
- 13. Release of Information Form
- 14. Workers Comp, Privacy Act, Unauthorized Absence/Acknowledgement of Application
- 15. Parent Student Contract
- 16. Authorization to Release
- 17. Sports Physical
- Copy of Official Birth Certificate (do not send original)
- Copy of Social Security Card ***(do not send original!)***
- Copy of Front and back of Medical Insurance Card(s) (do not send original)
- Copy of High School Transcript* (current, if available)
* Must be on hand not later than Day 15
- Mentor application (Pages 1-7) ***(Must be filled out with application packet).***

**Dental work, eye exams, and medication needs should be taken care of
before coming to Arkansas Youth ChalleNGe.**

**PRESCRIPTION MEDICATION WILL NOT BE ACCEPTED
IF IT IS OLDER THAN 30 DAYS
THIS INCLUDES MEDICATION IN A BOTTLE.
NO EXCEPTIONS!!**

Please do not send vitamins or any over the counter medication.
If the applicant takes medication, he/she must come with a 30 day supply!



Arkansas National Guard
Youth Challenge
APPLICANT INFORMATION SHEET

Applicant's Information: Print Clearly and fill in ALL of the information

Today's Date: ___/___/___ Social Security# ___-___-___

Have you applied here before? [] Yes [] No If Yes, when (Date) ___/___/___

Last Name _____ First Name _____ MI _____

Date of Birth ___/___/___ Age: _____ Gender: [] Male [] Female

Last Public School Attended _____

Last Day of Attendance _____ Highest Grade Completed _____

Are you employed? Yes [] No [] If Yes, Occupation _____

Ethnicity (must check one): [] American Indian [] Alaskan Native Asian [] Pacific Islander

[] Black [] Hispanic [] White

Married [] Yes [] No # of Children _____ Religion _____

Applicant's Contact Information

Home Phone _____ Email _____

Address _____

City _____ County _____ State _____ Zip _____

I certify that _____ (applicant) is not a high school graduate, does not have an alternative certificate or GED, and is no longer attending _____ school _____ (initial) or the last day of attendance will be _____ (date) _____ (initial).

Parent/Guardian Signature: _____ Date ___/___/___



Arkansas National Guard
Youth Challenge
PARENT/LEGAL GUARDIAN INFORMATION SHEET

Parent/Guardian Information

A. Relationship to Applicant: _____

Last Name _____ First Name _____ MI _____

Home Phone() _____ - _____ Work Phone() _____ - _____

Cell Phone() _____ - _____ Email _____

Address _____

City _____ County _____ State _____ Zip _____

Is this Person Authorized for pickup? Yes No

Legal Guardian? Yes No Emergency Contact? Yes No

B. Relationship to Applicant: _____

Last Name _____ First Name _____ MI _____

Home Phone() _____ - _____ Work Phone() _____ - _____

Cell Phone() _____ - _____ Email _____

Address _____

City _____ County _____ State _____ Zip _____

Does this person have the same address as applicant? Yes No

Is this the only mailing address? Yes No

Is this Person Authorized for pickup? Yes No

Is this Person Legal Guardian? Yes No

Is this Person Emergency Contact? Yes No



Arkansas National Guard
Youth Challenge
REPORT OF MEDICAL HISTORY

Last Name _____ First Name _____ MI _____

ANSWER ALL QUESTIONS, **PUT N/A** IF THE QUESTION DOES NOT PERTAIN TO YOU.

FAILURE TO DISCLOSE KNOWN ISSUES COULD RESULT IN DENIAL OF ENROLLMENT

1. Statement of Health: Good Fair Poor

Explain _____

2. Current Medication(s)

<u>Name</u>	<u>Dose</u>	<u>Time(s) Given</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.

In the past two years, has the applicant taken any type of medication that he/she no longer takes

(DO NOT include over-the-counter medication & antibiotics that no longer taking) Yes No

If Yes, list what type and why the applicant stopped taking the medication: _____

4. Allergies **(INCLUDE INSECT BITES, COMMON FOODS, AND MEDICATIONS)**

5. Ht _____ Wt _____ Eye Color _____ Hair color _____

6. Physician Name: _____ Phone: _____

7. Psychiatrist/Psychologist Name: _____ Phone: _____

8. Dentist Name: _____ Phone: _____ Last Exam: _____

REPORT OF MEDICAL HISTORY page 2

Last Name _____ First Name _____ MI _____

9. Braces? Yes No

Orthodontist Name _____ Phone _____

10. Glasses? Yes No

Optometrist Name _____ Phone _____

11. Have you ever been hospitalized for an illness or injury? Yes No

If so; when, where, and why? _____

***12.** Have you ever consulted or been treated by a psychiatrist, psychologist, therapist, and/or counselor? Yes No

If so; when, where, and why? _____

***13.** Have you been hospitalized in the last 12 months for any illness, injury, and/or mental disorder? Yes No

If so; when, where, and why? _____

****14.** Have you had a broken bone in the last 6 months? Yes No

If so, what happened? _____

****Note: If you answered "YES" questions 12 and 13, and it has been in the last 12 months, a release must be sent with your application***

*****If you answered yes to question 14 you must provide a doctors release with your application***

REPORT OF MEDICAL HISTORY page 3

Last Name _____ First Name _____ MI _____

CHECK ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED.

>IF YOU CHECK ANY ITEM, PUT THE YEAR THAT THE CONDITION OCCURRED NEXT TO THE CONDITION, AND A BRIEF EXPLANATION BELOW IT.

>IF THIS IS A CURRENT CONDITION, WRITE CURRENT NEXT TO THE CONDITION.

>FAILURE TO DISCLOSE KNOWN ISSUES COULD RESULT IN DENIAL OF APPLICANT.

- | | | |
|---|--|---|
| <input type="checkbox"/> Thyroid trouble/goiter | <input type="checkbox"/> Swollen or painful joints | <input type="checkbox"/> Frequent trouble sleeping |
| <input type="checkbox"/> Bone/joint deformity | <input type="checkbox"/> Bedwetting since age 12 | <input type="checkbox"/> Diabetes/hypoglycemia |
| <input type="checkbox"/> Skin disorders | <input type="checkbox"/> Scarlet/Rheumatic fever | <input type="checkbox"/> Had 1 or more children |
| <input type="checkbox"/> Sinusitis/hay fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Tumor/growth/cyst/cancer | <input type="checkbox"/> Eye/ear/nose/throat trouble | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Lameness or neuritis | <input type="checkbox"/> Frequent indigestion | <input type="checkbox"/> Sleepwalker |
| <input type="checkbox"/> Nervous disorder | <input type="checkbox"/> Pregnant at this time | <input type="checkbox"/> Adverse reaction to medication |
| <input type="checkbox"/> Bi-Polar | <input type="checkbox"/> Paralysis | <input type="checkbox"/> Chronic/frequent colds-coughs |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Depression or heavy weeping |
| <input type="checkbox"/> Rupture/hernia | <input type="checkbox"/> Behavior Disorder | <input type="checkbox"/> Painful or "trick" knee/shoulder/elbow |
| <input type="checkbox"/> Rectal disorder | <input type="checkbox"/> Stomach/intestinal | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Epilepsy/seizures/fits | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Coughed up blood | <input type="checkbox"/> Gall bladder trouble | <input type="checkbox"/> Sexually Transmitted Disease |
| <input type="checkbox"/> Anemia/Sickle Cell | <input type="checkbox"/> Jaundice/hepatitis | <input type="checkbox"/> Asthma/shortness of breath |
| <input type="checkbox"/> Attempted suicide | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Treated for female disorder |
| <input type="checkbox"/> Leg/feet cramps | <input type="checkbox"/> Bleeds easily | |
| <input type="checkbox"/> Recurrent back pain | <input type="checkbox"/> Arthritis/rheumatism | |
| <input type="checkbox"/> Knee brace/back support | <input type="checkbox"/> Recent gain/loss of weight | |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Liver disorder/disease | |

REPORT OF MEDICAL HISTORY page 4

- | | | |
|--|---|---|
| <input type="checkbox"/> Severe tooth or gum trouble | <input type="checkbox"/> Change in menstrual cycle | <input type="checkbox"/> Painful/frequent urination |
| <input type="checkbox"/> Dizziness/fainting spell | <input type="checkbox"/> Loss of finger/toe/arm/leg | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Palpitation/pounding heart | <input type="checkbox"/> Sugar/albumin in urine | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Kidney stone/blood in urine | <input type="checkbox"/> Heart trouble/murmur | <input type="checkbox"/> Loss of memory/amnesia |
| <input type="checkbox"/> Frequent/severe headaches | <input type="checkbox"/> High/low blood pressure | |

Last Name _____ First Name _____ MI _____

Insurance Information: Include copy of front and back of insurance card.

Medical

Name of Insurance Company: _____

Subscriber's Name: _____

Subscriber's birthday: _____

Subscriber's social security number: _____

Subscriber's place of work: _____

Insurance Company Address: _____

Insurance Company Phone: _____

Identification Number: _____

Group Number: _____

Dental

Dental Insurance Company Name: _____

Dental Insurance Phone: _____

Dental Insurance ID: _____

Vision

Vision Insurance Company Name: _____

Vision Insurance Phone: _____

Vision Insurance ID: _____



Arkansas National Guard
Youth Challenge
APPLICANT GOALS

Last Name _____ First Name _____ MI _____

Did you learn about the program from a former cadet?

If so, who? Name: _____

If not, how did you hear about the academy? _____

List below three goals in order of preference that you would like to see upon graduation from the Residential Phase of the Challenge Academy. (i.e. Join the military, go to college, attend VO-Tech, get a job (state what type of job).

Goal #1: _____

Goal #2: _____

Goal #3: _____

Approval for Academic Testing

The undersigned Parent/Guardian hereby grants permission for applicant to take the GED, SAT, TABE or any other academic related test.

Please answer the following question:

If accepted, I would like to pursue one of the following:

Work on getting my GED

Work with the Credit Recovery Program

Parent/Legal Guardian Signature

Applicant Signature

Date

Date



Arkansas National Guard
Youth Challenge
LEGAL INFORMATION

Last Name _____ First Name _____ MI _____

1. Have you ever been arrested and/or charged with a crime? [] Yes [] No If you answered "No" go to next page

2. If you answered "Yes" to question #1, please complete the following:

Date: _____

Place of Offense:

City _____ County _____ State _____

Offense/Violation: _____ [] Misdemeanor [] Felony

Name & Location of court: _____

Penalty Imposed/Disposition _____

Probation Officer: Name _____ Phone _____

~~~~~

Date: \_\_\_\_\_

Place of Offense:

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Offense/Violation: \_\_\_\_\_ [ ] Misdemeanor [ ] Felony

Name & Location of court: \_\_\_\_\_

Penalty Imposed/Disposition \_\_\_\_\_

Probation Officer: Name \_\_\_\_\_ Phone \_\_\_\_\_

~~~~~

Date: _____

Place of Offense:

City _____ County _____ State _____

Offense/Violation: _____ [] Misdemeanor [] Felony

Name & Location of court: _____

Penalty Imposed/Disposition _____

Probation Officer: Name _____ Phone _____

3. Are you currently awaiting a hearing or sentencing? [] Yes [] No If yes, what is the scheduled?

Date ___/___/___ Time _____ City _____ County _____

~~~~~

3. Are you currently on probation? [ ] Yes [ ] No

If yes, probation officers name: \_\_\_\_\_ Phone ( ) \_\_\_ - \_\_\_\_\_



Arkansas National Guard
Youth Challenge

SPECIAL POWER OF ATTORNEY
FOR THE AUTHORIZATION OF MEDICAL CARE
& MEDICAL EXPENSE STATEMENT (TO BE NOTARIZED)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

KNOWN ALL MEN/WOMEN BY THESE PRESENTS:

That I \_\_\_\_\_, Social Security Number \_\_\_\_\_
Guardian (or Applicant if 18 years of age) Guardian's SS# (or Applicants if 18 years of age)
am a legal resident of \_\_\_\_\_ County, Arkansas, hereby appoint the director of

Arkansas National Guard Youth ChalleNGe Academy or his representative, located at Camp J.T. Robinson, North Little
Rock, AR,, as my true and lawful attorney-in-fact to do the following in my name and in my behalf:

Anything necessary to maintain (my health) the health of my child\*, (Applicant Name) \_\_\_\_\_

I want my attorney-in-fact to have the power to consent to any medical and/or psychological treatment needed for my child
(myself) and to sign any papers needed to authorize those treatments. I want my attorney-in-fact to be able to do anything I
could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be
the same as if I had done it myself. \*If 18 years old enter "NA"

This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated or incompetent.

\*\*This Power of Attorney shall expire, becoming null and void on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\*\* This Power of Attorney date should extend until approximately 6 months after your anticipated program start date.

Medical Expense Statement of Understanding

The staff will make medical determinations regarding scheduling appointments, administering prescriptions, etc. Additionally,
a nurse is available to assist them in the decisions regarding the health of each cadet. Arkansas National Guard Youth
ChalleNGe DOES NOT pay for normal medical expenses incurred by your cadet. The cadet, and ultimately the
parent/guardian, regardless of insurance coverage, is responsible for all normal medical and psychological expenses, to include
all co-payments, deductibles, and all non-covered charges. The AYC will provide physician, hospital, or pharmacy needs with
the appropriate insurance information or Medical or Medicaid coverage.

IN WITNESS WHEREOF, I have affixed my signature hereto this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

GUARDIAN SIGNATURE (or applicant if 18 years of age): \_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY NOTARY\*\*\*\*\*

STATE OF ARKANSAS, COUNTY OF \_\_\_\_\_ On \_\_\_\_\_, before me,

\_\_\_\_\_, personally appeared \_\_\_\_\_

(Notary print name) (Guardian or applicant if 18 print name)

personally known to me/or proved to me on the basis of satisfactory of satisfactory evidence – to be the person whose names
is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity, and that by his/her/their signature on this instrument is the person that executed this instrument. My
Commission Expires \_\_\_\_\_

WITNESS my hand and official seal or notary ID number \_\_\_\_\_

(Signature of Notary)



Arkansas National Guard
Youth Challenge
CERTIFICATE OF UNDERSTANDING
AND RELEASE OF LIABILITY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

I, \_\_\_\_\_ applicant/parent or guardian of,
\_\_\_\_\_ (If applicant 18 years of age enter own name on the first line and
"N/A" on the second line.) having applied for enrollment with the Arkansas National Guard Youth Challenge (AYC)
hereby certify:

- 1. That I permit myself/my child to participate in all AYC activities which may include UNIQUE activities such as rappelling, ropes course, aircraft rides...
2. That the AYC has my permission to release photographs of myself/my child to the media and non-confidential information...
3. That the AYC has permission for myself/my child to participate in the GED, SAT, ACT, ASVAB, TABE or any other academics related to test.
4. That I give my permission for myself/my child to receive counseling services from the Arkansas Youth Challenge AYC personnel services.
5. If I/my child become a danger to myself/himself/herself, I hereby give my permission for the personnel to take necessary measures to maintain his/her safety...
6. That the AYC's policies and procedures have been explained to me and I understand what AYC will attempt to do.
7. That I give my permission for AYC to maintain discipline by imposing disciplinary measures upon myself/my child.

Furthermore, in consideration of myself/my child's participation in AYC, I HEREBY RELEASE the State of Arkansas, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of Arkansas National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY NOTARY\*\*\*\*\*

STATE OF ARKANSAS, COUNTY OF \_\_\_\_\_ On \_\_\_\_\_, before me,
\_\_\_\_\_, personally appeared \_\_\_\_\_

(Notary print name) (Guardian or applicant if 18 print name)
personally known to me/or proved to me on the basis of satisfactory of satisfactory evidence - to be the person whose names
is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity, and that by his/her/their signature on this instrument is the person that executed this instrument.

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS my hand and official seal or notary ID number \_\_\_\_\_



Arkansas National Guard  
**Youth Challenge**  
DRUG, ALCOHOL, PREGNANCY AND  
HIV TEST ACKNOWLEDGEMENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

In the event that the undersigned is a Parent of the Applicant, rather than a Guardian, then it is hereby agreed that a copy of the Applicant's Birth certificate shall suffice as proof of same.

In the event that the undersigned is a Guardian rather than a Parent of the Applicant, then said Guardian hereby agrees to attach hereto any documentation (i.e., court order, probated will, etc.) necessary to prove guardianship of Applicant.

\*If the applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I, \_\_\_\_\_, applicant/parent/legal guardian of \_\_\_\_\_, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol at the end of the acclimation phase.

I also understand that my daughter will be tested for pregnancy during the course of the in-take physical and may be tested any time deemed necessary during the course of the program.

I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, pregnancy, STD and HIV.

I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



Arkansas National Guard  
**Youth Challenge**  
RELEASE OF INFORMATION LETTER

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security # \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

I consent for the release of the information requested below from the staff at the Arkansas National Guard Youth Challenge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

*(This authorization shall remain effective from one year from date of signature)*

ACADEMY USE ONLY. DO NOT WRITE IN THE SPACE BELOW

\*\*\*\*\*

The LEGAL GUARDIAN hereby authorizes release of the following information records to Arkansas Youth Challenge:

- ◆ Intake, psychological, psychiatric evaluations
- ◆ Medical History/Record
- ◆ Substance Abuse (alcohol/drug abuse)
- ◆ Psychological Testing
- ◆ Other

To: (Name/Title) \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I consent to the release to provide essential background information to assess the needs of the cadet requiring assistance in counseling and to coordinate or facilitate social/community services.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Youth Challenge Representative Date



# Arkansas National Guard Youth Challenge

### WORKERS COMPENSATION STATUS

All Cadets are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law. They shall be considered federal employees for the purposes of compensation for work related injuries, or relating to the liability of legal conduct of employees of the United States. No Cadet will be considered to be in performance of duty while not at the assigned location of training or other activity authorized by the program agreement except while the Cadet is traveling or is on a pass or any other activity. All Cadets when receiving benefits for disability or death, the monthly pay that is received will be under the salary for a grade GS-2 federal employee. Further Cadets must understand the entitlement to receive compensation for disability will begin on the day following the date the persons participation terminates from the program.

### PRIVACY ACT

“Personal Information is required and protected under the Privacy Act of 1974. Arkansas Youth Challenge operates as an entity of state government, organized under state law. Data for program operations is required and protected under Public Law 102-484, Section 1091 e (2). Disclosure is voluntary, however; persons failing to provide the information requested on this document will not be considered for participation in the program. Information provided on this application and generated during residential and post residential performance will only be used by the program to meet federal and state requirements and will not be released to any party outside the Youth Challenge organization, our inspectors/evaluators, or based upon requirements dictated by competent legal authority.”

### UNAUTHORIZED ABSENCE

“I understand that all Arkansas Youth Challenge participants are there as volunteers and regardless of the training location agree to follow the rules and guidelines of the program and the instructions of staff supervising their activities. I understand that every effort of the supervising staff is intended to insure cadets operate in a safe, secure and managed environment. I understand that if my child chooses to absent himself from planned activities, there is little the program can do to absolutely prevent this type behavior. I also understand that immediately upon any action my child takes to absent themselves from program activity or supervision without proper authority; I absolve Arkansas Youth Challenge of any liability due to this action. I understand Arkansas Youth Challenge will take immediate steps to locate my child once the absence is identified, and will process a missing persons report with all local authorities and notify me at this point. I also understand that any participant who is absent without proper authority for more than 24- hours may be terminated from attendance.

### ACKNOWLEDGEMENT OF APPLICATION

I have read and understand all pages of the application. I hereby agree that all information is true and complete to the best of my knowledge. I understand that if the application is not complete, the applicant will not be accepted. I also understand that if I willfully mislead or fail to disclose all necessary information it will cause denial of the application.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY NOTARY\*\*\*\*\*

STATE OF ARKANSAS, COUNTY OF \_\_\_\_\_ On \_\_\_\_\_, before me,  
\_\_\_\_\_, personally appeared \_\_\_\_\_

*(Notary print name)*

*(Guardian or applicant if 18 print name)*

personally known to me/or proved to me on the basis of satisfactory of satisfactory evidence – to be the person whose names is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on this instrument is the person that executed this instrument.

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS my hand and official seal or notary ID number \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Notary)*



**Arkansas National Guard**  
**Youth Challenge**  
**STUDENT CONTRACT**

During my stay at Arkansas Youth Challenge, I will treat the staff and other participants with respect. I will also be treated with respect and fairness by staff and other participants. I am expected to follow the Honor code as outlined with the Cadet Manual.

I am expected to learn military related subjects that will be taught during this program. I will learn Drill and Ceremony, which consist of facing and marching movements, and will march in formations at all times when moving to and from different locations. I will study leadership techniques using the methodology established by military doctrine, and will perform in leadership positions throughout the program.

I am expected to maintain my grooming and appearance in a clean, neat, orderly and acceptable manner at all times. My haircut and style will be conservative and in good taste, and I will use military standards as a guide. I will be provided clothing and the use of laundry facilities free of charge and I am therefore expected to maintain a clean and serviceable uniform at all times. I am expected to keep my personal area within standards stated in the Cadet Manual, prepared at all times for inspections. And I will follow the weekly duty roster posted in the barracks bulletin area.

Each day I will participate in scheduled activities. These activities consist of classroom work, assigned duty details, work projects, fitness training, and organized athletics. I am expected to perform these activities routinely with gradual reduction of supervision and should take pride in my accomplishments.

I am expected to fully participate in a daily physical fitness-training program designed to improve my well being and teach me a disciplined approach to life. Such physical fitness training will consist of running, pushups, sit-ups, aerobics, obstacle courses, rope courses, team-building activities and sports.

I am expected to participate in group and independent projects. These projects will focus on individual leadership, learning and development. These projects may be a Signature Project, where I will work in community improvement or other independent field projects.

I am expected to participate in classroom instruction and testing in Basic English/Reading, Social Studies, Science, Literature Arts and Math, which are required to complete the GED Preparation and Testing Program. In addition, I am required to maintain a daily journal, which will not be graded.

I am expected to participate in meaningful field trip visits that will support my personal development. Visits will include but are not limited to the Arkansas State Capitol, Military facilities, Arkansas historical sites and natural wonders. In addition, I will participate during guest speaker visits scheduled throughout the 22-week residence phase.

I understand that I am expected to commit myself to a 12-month post-residential phase. This program will support me in keeping my goals and commitments after leaving the 22-week residential phase and will require 100% participation with my mentor and support team.

I understand that if I do not abide by the terms of the contract, or give false information either by speaking or writing, I will be subject to immediate dismissal from the program.

I understand that if I become ill or injured, I may have to quit AYC. I understand that I will be eligible to reapply for future courses when the illness or injury is corrected.

I submit that by signing this contract, I will put forth 100% of my energy and strength to complete the AYC program if selected to attend.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_





Arkansas National Guard  
**Youth Challenge**  
AUTHORIZATION TO RELEASE  
FOR PASS OR LEAVE

1. I am the parent / legal guardian of \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
(MM/DD/YYYY)

In my absence, I authorize the following listed person(s) to sign him/her out as required: (Must be over 21 years of age and provide proper identification to sign out student.)

| Name            | Phone #   | Name      | Phone #   |
|-----------------|-----------|-----------|-----------|
| 1. _____        | ( _____ ) | 5. _____  | ( _____ ) |
| 2. _____        | ( _____ ) | 6. _____  | ( _____ ) |
| 3. _____        | ( _____ ) | 7. _____  | ( _____ ) |
| 4. _____        | ( _____ ) | 8. _____  | ( _____ ) |
| 9. Mentor _____ |           | ( _____ ) |           |

2. In authorizing this release, I acknowledge all responsibility for the dependability of this person or persons.

Parent/Guardian (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

