



Arkansas National Guard  
**Youth Challenge**  
MENTOR INFORMATION

*Every cadet attending Arkansas National Guard Youth Challenge **MUST have a***

**mentor.**

Choosing a mentor is a very important decision. Please put some thought into the process, the mentor should be someone that YOU, the applicant, select. Your parents or guardians may make suggestions, but the decision should be yours.

The following qualities may be used when choosing a mentor: A good listener, a person who enjoys being with teenagers; someone who is a good role model; a mature adult who really cares about your success.

- The mentor normally should be someone of the same gender.
- The mentor should not be a relative or reside in the same household.
- The mentor must be twenty-one (21) or older.
- The mentor must not be drug or alcohol dependent.
- The mentor should not be someone with a felony arrest record.
- The mentor should be in good health.

***NOTE: A criminal records check will be requested by AYC.***

Some good choices might be a coach, teacher, principal, counselor, neighbor, minister, good friend, etc. However, the mentor must, as a minimum, meet the above criteria.

Please have your prospective mentor complete the information that follows. The prospective mentor must also complete the attached Release of Information Form.

To protect the mentor's privacy of information, your mentors' application may be sealed in a separate envelope.

***These forms must be returned with your completed Student application.***

**MENTOR APPLICATION CHECKLIST**

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**Arkansas National Guard**  
***Youth ChalleNGe***  
**MENTOR POSITION DESCRIPTION**

• **Position Summary:**

The mentor serves as a role model, friend, and advocate to a cadet for at least 14 months.

• **Working Relationship:**

Report to Post Residential Department.

Mentors only one cadet (unless approved by the Program Director)

• **Duties:**

Commit to spending at least 14 months in consistent contact with a cadet.

• **Responsibilities:**

- ◀ Return all requested forms promptly.
- ◀ Attend a 3-4 hour Mentor Training class at AYC site to learn how to relate effectively to cadet.
- ◀ Assist the cadet with the Post Residential Action Plan (PRAP) development and discusses his or her progress of the Plan
- ◀ Make consistent contact with the cadet by phone, mail, or in person. Four contacts per month required.
- ◀ At least two of these must be face-to-face during Post-Residential Phase if within geographic proximity.
- ◀ Complete a monthly mentor report on cadet's placement activities/send to Post Residential Department.
- ◀ Observe all program policies and guidelines for mentors.
- ◀ Discuss cadet violations of policies with the Post Residential Department.
- ◀ Refer the cadet to community resources as needed and helps the cadet obtain those resources.
- ◀ Share occasional informal and fun activities with his or her cadet. The mentor and cadet will jointly select and schedule the activities.
- ◀ The mentor promptly informs the Post Residential Department of problems or needs in the cadet's life or in their relationship.

I have read the position description for a Mentor and agree to adhere to the requirements to the best of my ability as attested by my signature:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Arkansas National Guard  
**Youth Challenge**  
MENTOR APPLICATION

Name of candidate wish to mentor: \_\_\_\_\_

Mentor Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

*(If you receive your mail at a PO Box, put your street address here.)*

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ *(Required to complete a criminal background check)*

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Male  Female Marital Status: \_\_\_\_\_ Aliases/Nick Names \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_

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

Black  Hispanic  Multi-racial  White

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ May we call you at work?  Yes  No

*Example: 8:00a.m.- 4:30p.m. or swing shift, M-F, etc*

**List Two (2) references:**

1. Name: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Date Verified \_\_\_\_/\_\_\_\_/\_\_\_\_ AYC Initials \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Date Verified \_\_\_\_/\_\_\_\_/\_\_\_\_ AYC Initials \_\_\_\_\_

***I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM;  
I AM IN GOOD HEALTH AND I AM NOT NOW NOR WILL I BE DRUG  
OR ALCOHOL DEPENDENT DURING MY MENTORSHIP.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF MENTOR APPLICANT DATE



Arkansas National Guard  
**Youth ChalleNGe**

**MENTOR AUTHORIZATION**  
**TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize the Arkansas National Guard Youth ChalleNGe, along with the law enforcement departments, to conduct whatever background search that may be deemed appropriate.

The information and background search is necessary to assist in determining my qualifications and suitability for the Volunteer Mentor Position I am seeking with the Arkansas National Guard Youth ChalleNGe.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability for this position.

I hereby release Arkansas National Guard Youth ChalleNGe and its agents from liability and damage that may result from the exchange of requested information between law enforcement departments and the Arkansas National Guard Youth ChalleNGe.

**PRIVACY ACT**

Personal Information is required and protected under the Privacy Act of 1974. Arkansas National Guard 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**SIGNATURE OF MENTOR APPLICANT** **DATE**



**Arkansas National Guard**  
***Youth Challenge***  
**MENTOR LIABILITY RELEASE**

I understand and agree that I will be the one actually spending time with my matched-cadet and that I must exercise care in supervising my cadet while we are together.

I also understand and agree that I am not an Arkansas National Guard Youth Challenge Program agent, and that I am responsible for choosing and conducting all activities with my cadet and the Arkansas National Guard Youth Challenge Program does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Arkansas.

I therefore agree that the Arkansas National Guard Youth Challenge Program will not be liable for, and I agree to hold the Arkansas National Guard Youth Challenge Program 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, the Arkansas National Guard Youth Challenge Program's negligence or otherwise.

I further release the Arkansas National Guard Youth Challenge Program 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 the Challenge Program, its officers, agents, servants, employees or otherwise.

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**Mentor Print Name**

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**Mentor Signature**

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**Date**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization for Release of Confidential Information  
Contained Within the Arkansas Child Maltreatment Central Registry**

I hereby request that the Arkansas Child Abuse & Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child maltreatment.

This information should be addressed to:

AR NG YOUTH CHALLENGE  
CAMP JOSEPH T. ROBINSON  
POST RESIDENTIAL OFFICE  
NORTH LITTLE ROCK, AR 72199-9600  
**Do NOT Fax – Must submit ORIGINAL**

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

**Applicant's Name** (*Print clearly*): \_\_\_\_\_

Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Maiden Name/Aliases: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_

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

Dates- From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Past Address:** \_\_\_\_\_

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

Dates- From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Past Address:** \_\_\_\_\_

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

Dates- From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Children:**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF MENTOR APPLICANT** \_\_\_\_\_ **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**

ATTN: POST RESIDENTIAL, CAMP ROBINSON  
BUILDING 16414, BOX 41 N. LITTLE ROCK, AR 72199-9600  
800-814-8453

**MENTOR APPLICATION**  
**CRIMINAL RECORD CHECK**

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record check(s) on myself and release any results to the Arkansas Military Department.

Providing false information on this form is a violation of Arkansas Law and is punishable as set forth in Arkansas Code 5-53-103

This information is necessary to assist in determining my qualifications and suitability for the position I am seeking with Youth ChalleNGe. 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 Youth ChalleNGe and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments and Youth ChalleNGe.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/20\_\_\_\_  
Drivers License Number # \_\_\_\_\_ State of Issue: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

STATEMENT OF OATH:  
I STATE ON OATH THAT THE REPRESENTATIONS MADE HEREIN ARE TRUE AND CORRECT

Signature of Applicant \_\_\_\_\_ 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)