



STATE OF MISSISSIPPI MISSISSIPPI NATIONAL GUARD



YOUTH CHALLENGE ACADEMY
BUILDING 80 HALLORAN AVE
CAMP SHELBY, MISSISSIPPI 39407-5500

Dear Mentor:

Thank you for volunteering to be a mentor. It is through selfless service like yours that we are able to accomplish our mission; providing support and productive placement for our graduates. Be assured that, because of your support, you are making a significant difference in a young person's life.

Job Description

Primary Mentor

- Contact the mentee through letters and email.
- May visit the cadet, which is arranged through the RPM Dept.
- Attend a one-time mandatory mentor training held at Camp Shelby, MS or conduct the online training
- After graduation, meet with and/or contact the mentee 4 times a month, 4 hours a month, or a combination of the two.
- Assist the mentee with accomplishing goal post-graduation and report the progress with the mentee to authorized MS Youth Challenge Academy staff.
- Submit monthly reports for one year after graduation.

Alternate Mentor

- Be available to take over the duties of the primary mentor should it be warranted.

Attached you will find the Mentor Application, (2) Personal Reference Requests and the Criminal Background Check form. Please have someone who is very familiar to you complete the references and return them with the mentor application. **A mentor application is required for the applicant to attend the Academy.** All documentation must be submitted prior to registration.

Point of contact is Ms. Mary Heard at (601) 558-2239 or mheard@msyouthChallenge.org or fax: 601.558.2109. You may return the application by mail, email, or fax.

Sincerely,

Rodney F McDonald
Recruiting, Placement, Mentor Coordinator
MS Youth Challenge Academy

MARI

Mentor Authorization for Release of Information (MARI)

I hereby grant to the Mississippi Youth Challenge Academy, The Mississippi National Guard, and appropriate law enforcement agencies permission to check my references and civil or criminal records that include but not limited to any sex offense charges, felony convictions, alcohol or substance abuse convictions and DWI's/DUI's.

I also consent to being photographed and / or videotaped while attending any Challenge Academy's functions and to have such photos and or videos posted on the official Youth Challenge Academy website or brochures, for official non-commercial purposes.

Confidentiality Policy

I will not share or reveal any personal identifying information of the mentee. The mentor is prohibited from discussing the mentee's status, issues, concerns, health information or progress in public or with anyone except the case manager or employees of the MS Youth Challenge Academy. Otherwise, all conversations between the mentor and the mentee shall be confidential. The only exception to this policy is if the cadet is a danger to him/her self or others. If the latter is the case, proper authorities should be notified. I understand my duties as a mentor to abide by the laws of the state of Mississippi and the laws and policies governing the preservation of confidential information.

Mentor Cadet Liability Statement

I will do my best to attend the Mandatory Mentor Training and write to my cadet while he / she is in the program. I understand and agree that I will be the one actually spending time with my Cadet, and that I must exercise care in supervising while we are together. I agree that the Youth Challenge Academy will not be liable for, and I agree to hold the Youth Challenge Academy 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 Youth Challenge Academy, its officers, agents, servants, employees, or otherwise. I will observe all policies, guidelines, as outlined in materials sent to me and those materials given out at Mentor Training, and verbal communications with Youth Challenge Academy employees.

Job Description - The primary mentor will start contacting the mentee beginning Week 3 of the residential phase through letters and emails. After graduation, the primary mentor is required to meet with and/or contact the mentee 4 times a month or 4 hours a month, or a combination of the two. The mentor will assist the mentee with setting goals post-graduation and discuss the mentee's progress with the mentee and authorized MS Youth Challenge Academy employees. The primary mentor and the graduate will submit a monthly report for one year after graduation. Although the alternate (back-up) mentor is expected to support the cadet, only the primary mentor is authorized to attend the one time required mentor training which will be held at Camp Shelby MS.

Mentor's Printed Name: _____

Mentor's Signature: _____ Date: _____

MENTOR INTERVIEW

1. What is the reason you decided to be a mentor? _____

2. How long have you known the cadet? _____

3. In what ways do you think you will have a positive influence in his/her life? _____

By signing below, I understand I am responsible for attending the required Mentor Training held in person at MS Youth Challenge, Camp Shelby, MS, or completing the online training located at msyouthchallenge.org no later than week 10 of the cycle my cadet is attending.

Mentor's Signature: _____ Date: _____

Student's Name

CRIMINAL BACKGROUND CHECK CONSENT

MS NATIONAL GUARD YOUTH CHALLENGE ACADEMY
MENTOR AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT LEGIBLY

*All information is required to conduct the background check.
No one may mentor who has not submitted this form.*

FULL LEGAL NAME _____

ADDRESS _____

City, State, Zip _____

BIRTHDATE _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____

I give my consent for the MS National Guard Youth Challenge Academy to conduct a background check to include any sex offense charges, felony convictions, alcohol or substance abuse convictions to include DWI's / DUI's.

SIGNATURE

DATE

////////// FOR OFFICIAL USE ONLY BELOW THIS LINE //////////

FINDINGS

_____ NO RECORDS FOUND

_____ SEX OFFENSE

_____ FELONY within 5 YEARS

_____ ALCOHOL /SUBSTANCE ABUSE
DWI's / DUI's within 5 years

TIME / DATE

TERMINAL OPERATOR SIGNATURE

REFERENCE

Student's Name _____

(2 REQUIRED)

PLEASE PRINT

Instructions: Select someone who has known **you** (mentor) for at least two years and have **them** (anyone who is over 18) fill out this form.

Mentor Name

has applied to be a mentor with the MS Youth Challenge Academy, which focuses on the needs of young adults. The Potential Mentor is being considered for a position with one of our applicants. We would like your help in learning more about this person. Please answer all questions on this form to the best of your knowledge and opinion.

How long have you known the Potential Mentor? _____ What is your relationship? _____

Rate your idea of the Mentor in the following categories with 0 being the worst and 5 being the best. Please circle your answer.

Home situation	0	1	2	3	4	5
Personal Habits	0	1	2	3	4	5
Working with others	0	1	2	3	4	5
Morals	0	1	2	3	4	5
Compassion	0	1	2	3	4	5
Accomplishes Goals	0	1	2	3	4	5
Emotional Stability	0	1	2	3	4	5
Receiving Constructive Criticism	0	1	2	3	4	5
Health	0	1	2	3	4	5
Personal Commitments	0	1	2	3	4	5

Additional Comments: _____

Name of person providing reference (print): _____

Phone number: _____

Email: _____

Signature: _____

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