



## **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 a
- 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, or 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 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, or at Milledgeville, Ms. Bates at (478) 445-3743.

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_

## 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: \_\_\_\_\_

### 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? \_\_\_\_\_

---

THIS INFORMATION WILL BE USED FOR STATISTICAL DATA ONLY.

NAME OF THE STUDENT I WISH TO MENTOR: \_\_\_\_\_

### YOUTH EXPERIENCE

HOW LONG HAVE YOU KNOWN THE CANDIDATE? \_\_\_\_\_

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

\_\_\_\_\_

### 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 I am in good health. I am not nor will I be, drug or alcohol-dependent 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 Georgia Youth Challenge Program.

Mentor'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 \_\_\_\_\_

**For Official Use Only:**

Verified through GCIC \_\_\_\_\_

Date \_\_\_\_\_