

South Carolina Youth Challenge Academy

at McCrady Training Center
5471 Leesburg Road, Bldg 3892
Eastover, SC 29044

Dear Prospective Mentor:

The youth asking you to consider being a mentor prospect is actively **seeking admittance** to the SC Youth Challenge Academy.

Our mission is to intervene in and reclaim the lives of 16-18 year old high school dropouts (or at risk youth), producing program graduates with the values, life skills, education and self discipline necessary to succeed as productive citizens in society. The program, under the direction of the National Guard Bureau, begins with a **5 ½-month Residential Phase**, comprised of academic instruction, quasi-military style training, matched with eight core components skills training: academic excellence, job skills, leadership/followership, life coping skills, physical fitness, responsible citizenship and service to community.

The youth then returns back to their home communities **to work with their trained and matched mentor during the 12-month Post-Residential Phase** to maintain and build upon their lifestyle changes developed during the residential phase through a Post-Residential Action Plan (P-RAP). We are piloting a Job Challenge phase that will run concurrent with the Post- Residential phase for qualified graduates.

Before completing the application, please note if you meet the following qualifications:

You must:

- Be at least 21 years old
- Be the same sex as the young person
- Live within a reasonable locality of the youth's home address (no more than 25 miles)
- Be a good role model
- Complete, sign and return the entire application
- Consent to undergo a background screening

You must not:

- Live in the same residence of the young person
- Be a relative of the young person (No parents, step-parents, or siblings)
- Be a romantic interest of a relative of the youth, or relative of the youth's romantic interest
- Be a Challenge staff person or spouse of a staff person

If you are qualified to initiate the application process as a prospective mentor, please do the following:

- **Review the Mentor Prospect Primary Responsibilities Sheet**
- **Complete and Sign (pgs 3 & 4) the Application.**
- **Complete and Sign the Mentor Authorization to Release Information Form.**
This form grants the Academy permission to conduct a background screening process.
Note: We cannot process your application without this form.
- **Provide Two (2) References**
Give the two reference forms to two (2) people who know you well. Ask them to complete the reference forms about you. You must ensure that these are returned with your application.

You may return your application to the address above or you may fax it to (803) 299-4880.

Thank you for your dedication to the youth of our state. If you have any other questions or concerns, please contact me at (803) 299-4879.

Sincerely,

Martha Owens
Mentor Coordinator
Post-Residential Department

Mentor Prospect Primary Responsibilities

The SC-Youth ChalleNGe Academy has **three phases**.

The **first phase** is the **Acclimation** (Hard Core phase).

During this **two week** phase the “candidate” has zero privileges and endures a lot of physical exercise and drill and ceremony.

The **second phase** is the **Residential phase**.

During the next **twenty weeks**, the cadet works toward completion of the GED diploma as well as life and job skills, community service, physical fitness, leadership / followership, health education and responsible citizenship. During this phase, the cadet’s approved primary mentor will need to be screened, trained and matched prior to week 13.

The third and final phase is the **Post-Residential phase**, the cadet will return home.

During these **twelve months** the “matched mentor” and the mentee meet four times monthly. Two contacts are to be face-to-face and two may be either by phone, email, letter, etc...

The **“matched mentor’s” primary job is** to be a friend to the cadet/mentee and to help in whatever way he or she can to keep the cadet/mentee focused on his or her goals. The mentee’s goals will be outlined in a Post-Residential Action Plan (P-RAP). A copy will be mailed to the “matched mentor” prior to graduation and one copy will be given to the cadet at graduation.

The **“Primary Mentor Prospect’s” basic responsibilities are** as follows:

- Complete and submit an application and to an application process.
- Attend a “one-time” “one-day” training session.
(This session is usually scheduled on a Saturday here at the academy.)

The **“Matched Mentor’s” basic responsibilities are** as follows:

- During the Residential Phase - Participate in the “letter writing campaign”.
This begins around residential week 14 and occurs bi-weekly.
- During the Post-Residential phase - Meet with mentee four times monthly
(2 face to face contacts, other contacts may be telephone, letter, e-mail, etc...).
- During the Post-Residential Phase - Complete and return a monthly report verifying the mentee’s current placement and your contacts with the mentee.
Your assigned case manager will mail this report to you each month.

South Carolina Youth Challenge Academy
Prospective Mentor Application
 Please print.

STAFF USE ONLY:	
Primary Mentor Prospect	1
Alternate Mentor Prospect	2

YOUTH'S NAME: _____

Prospective Mentor's Last Name: _____ **First Name:** _____ **MI:** _____

Do you live in the youth's household? Yes / No Indicate number of miles from youth's residence: * _____

**Note: You may live no more than 30 miles from the student's home address.*

Statistical Data

Gender: (Circle One) Male / Female

Ethnicity: (Circle One): African American Hispanic White American Indian Asian Biracial _____

Marital Status: (Circle One) Single Married Divorced Widowed Widower

Date of Birth: Month _____ Day _____ Year _____ Age _____

SSN# _____ / _____ / _____ (Required For Screening Purposes in Cases of Duplicate Names and/or DOB)

Spouse's Name: _____ Age: _____ Number of Children: _____

Driver's License State: _____ **Number:** _____ Do you have your own transportation? Yes / No
 If you do not, do you have access to transportation? Yes / No Please Describe: _____

Vehicle Insurance Company: _____ PolicyNo: _____

Employment Information

Occupation: _____ **Employer:** _____

Length of Employment: _____ Status: (Circle One) Full / Part Time / Volunteer / Unemployed / Retired

List other employment you have **held during the past five (5) years**, beginning with the most recent job, first:

Occupation	Employer	Length of Employment	Reason for Leaving

Personal Contact Information

Home Phone: (____) _____ **Work Phone:** (____) _____ May we call you at work? Yes / No

E-Mail: _____ **Cell Phone:** (____) _____

Mailing Address: _____ **Lot / apt #** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

List **other residences during the past five (5) years**, beginning with the **most recent** place, first. Continue on back if needed:

Address	City/State	Zip	Length of Stay
			Years _____ Months _____
			Years _____ Months _____

Miscellaneous Information

1. How do you know the youth? (Circle One)
Neighbor Church Member Friend of Family Coworker School Relative Other _____
2. How do you know the youth's guardians? (Circle One)
Neighbor Church Member Friend of Family Coworker School Relative Other _____
3. List your past experience working with youth: _____

4. List your current volunteer commitments: _____

5. List your interests/hobbies/activities you enjoy and can share with this youth: _____

6. Do you have any hesitations about potentially becoming a mentor in this program? _____

Health (If yes, please explain.)

7. How would you rate your health quality? (Circle One) Excellent Good Fair Poor
8. Do you have any physical limitations or health concerns? Yes / No _____

9. Are you taking any prescription/over the counter medication on a regular basis? Yes / No _____

10. Do you have any know allergies? Yes / No _____

11. Have you ever sought counseling or therapy for any reason? Yes / No _____

12. Explain your current and/or past use of alcohol or any other drugs: _____

Legal

13. Describe your driving record and any offenses: _____

14. **Have you ever been involved in, investigated or arrested for and/or convicted of a crime at any age?** Yes / No
Describe below any offense or violation and any legal action that was taken that may appear on your background check.
When? _____ What state? _____ Offense? _____ Convicted? Yes / No
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Release Forms

Complete and sign the two release forms (pgs 3 & 4) attached.

Note: We cannot process your application without these.

South Carolina Youth ChalleNGe Academy
Mentor Authorization to Release Information

Note: Furnishing this information is voluntary; however not providing the information will result in your ineligibility to serve as a Youth ChalleNGe Program mentor/mentor prospect.

I hereby authorize the Youth ChalleNGe Program, along with the South Carolina Law Enforcement Division, and other state agencies to conduct a state(s) criminal records and driver's license check, as well as a child abuse and neglect registry check.

I understand that this information is necessary to assist in determining my qualifications and suitability for the position I am seeking with the Youth Challenge Program.

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

I hereby release the Youth ChalleNGe Program and its agents from the liability and damage that may result from the exchange of requested information between law enforcement departments, other state agencies, and the Youth Challenge Program.

PRIVACY ACT STATEMENT

This application requires collection and maintaining information protected by the Privacy Act of 1974 Authorized by 10 U.S.C., Section 275, 10205; and Executive Order 9397.

Purpose: To maintain accurate and current data in the mentor personnel record.

Routine: Information may be disclosed to any Federal, state and local agencies in pursuit of their official duties. It may be used for other lawful purposes, including law enforcement background checks and litigation.

Full Name: _____

Any other name(s) used: _____

Date of birth: _____ Place of birth: _____ Male/Female (Please Circle)

Your current state of residence: _____ Period of Time: _____ County: _____

Other State (s) where you have lived during the past five (5) years, beginning with the most recent first:

1) State: _____ Period of Time: Month _____ Year _____ to Month _____ Year _____

2) State: _____ Period of Time: Month _____ Year _____ to Month _____ Year _____

3) State: _____ Period of Time: Month _____ Year _____ to Month _____ Year _____

Signature: _____ **Date:** _____

**** (You must sign and date above.)****

Please, enclose a copy of a photo identification card
that includes your full name and date of birth: example: driver's license, etc...

South Carolina Youth Challenge Academy
Mentor Liability Release

I understand and agree that I will be the one actually spending time with the Cadet, and that I must exercise care in supervising the Cadet while we are together. I also understand and agree that I am not a Youth Challenge Program agent, and that I am responsible for choosing and conducting all activities with my Cadet, and that the 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 South Carolina.

I therefore agree that the Youth Challenge Program will not be liable for, and I hold the Youth Challenge Program harmless from any 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's negligence or otherwise.

I further release the Youth Challenge Program from any liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury that 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 Youth Challenge Program, its officers, agents, servants, employees or otherwise.

Prospective Mentor Signature: _____

Print your name clearly: _____

Date: _____

References

Please list below two references that know you well.

Reference 1

Name : _____ Relationship To You: _____

Address: _____

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

Reference 2

Name : _____ Relationship To You: _____

Address: _____

Home Phone Number: (_____) _____ Work Phone Number: (_____) _____

Ask each reference to complete one of the attached reference forms **or** you may ask **someone that knows you well** such as a (co-worker, friend, neighbor, etc...) to complete and return the forms with your application or by mail or fax.

Mentor Prospect:

Thank you for your time in completing this application.

Please check over your application for completeness.

Be sure to sign pages 3 & 4.

You may return your application to

South Carolina Youth ChalleNGe Academy

Attn: Mentor Department

5471 Leesburg Road

Eastover, SC 29044

or

Or you may fax it to (803) 299-4880.

or

Scan as .pdf document and Email to owensm@tag.scmd.state.sc.us

Please include a copy of your photo identification.

You may view our website at

www.scyouthchallenge.com

South Carolina Youth ChalleNGe Academy
Prospective Mentor Reference Form
No 1

PROSPECTIVE MENTOR! Please, DO NOT fill out this form on the youth or on yourself.

Give this reference form to someone who knows you well.

***Please fill in the prospective mentor's name and the youth's name in the spaces below.**

Dear Reference:

The **prospective mentor named below has applied to potentially serve as a volunteer mentor** in the Youth ChalleNGe Program, which focuses on the needs of at-risk teens. The prospective mentor is being considered for a one-to-one mentoring relationship match, with an at-risk teen. Your assistance is needed in helping us to learn more about this individual. Please respond fully and honestly. **The information you provide will remain confidential.**

Thank you for assisting us.

_____ **Name of Prospective Mentor*

_____ **Name of Youth*

How long have you known the prospective mentor? _____ In what way? _____

Does the prospective mentor have a good home relationship? Y / N _____

Does the prospective mentor work well with others? Y / N _____

Does the prospective mentor tend to over commit or get too involved? Y / N _____

Please rate the prospective mentor regarding the following:

	Excellent	Good	Average	Poor	Unknown
Personal Habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion (for those in need)	_____	_____	_____	_____	_____
Completes Commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Receives Constructive Criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: _____

If you were in our position, would you, without hesitation, consider this prospective mentor to work with an at-risk youth? Y / N

Briefly explain your response: _____

Reference Name _____ Date _____

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

Please ensure that this reference form is returned back to:

The SC Youth ChalleNGe Academy, 5471 Leesburg Road, Eastover, SC 29044

or Fax: 803-299-4880. If you have any question, please contact our office at (803) 299-4879.

**South Carolina Youth ChalleNGe Academy
Prospective Mentor Reference Form
No 2**

PROSPECTIVE MENTOR! Please, DO NOT fill out this form on the youth or on yourself.

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*Please fill in the prospective mentor's name and the youth's name in the spaces below.

Dear Reference:

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Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion (for those in need)	_____	_____	_____	_____	_____
Completes Commitments	_____	_____	_____	_____	_____
Emotional Stability	_____	_____	_____	_____	_____
Receives Constructive Criticism	_____	_____	_____	_____	_____
Health	_____	_____	_____	_____	_____

Other Comments: _____

If you were in our position, would you, without hesitation, consider this prospective mentor to work with an at-risk youth? Y / N

Briefly explain your response: _____

Reference Name _____ Date _____

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

Please ensure that this reference form is returned back to:

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