Youth ChalleNGe Academy

Application Procedure

In order for an applicant to be considered for an enrollment decision, the application must be complete and accurate.

The following documents MUST be submitted:

- Application (2 pages)
- Medical History (3 pages)
- Medical Insurance Information Form (1 page)
- Mentor Application (4 pages) (completed by mentor)
- Birth Certificate (copy)
- Social Security Card (copy)
- Medical Insurance Card (copy)
- Valid government issued identification card (Drivers License, State ID, Military ID) (copy)
- Immunization Record (copy)

All applications must be mailed to the address below! Do not Fax or E-mail the application.

Youth Challenge Academy
Georgia National Guard
Building 13540, P.O. Box 3610
Fort Stewart, GA 31315

Additional Requirement: Test of Adult Basic Education results (TABE). The TABE is a mandatory Requirement. The TABE scores may, but do not have to, accompany the application. Get your TABE scheduled as soon as possible. Do not let this test hold up your application You may schedule the TABE by calling the YCA Admissions Department at a telephone listed below. After testing has been completed, the TABE Administrator will forward the results to the YCA Admissions Department.

Questions or other assistance needed in the application process should be directed to Admissions as follows:

<table>
<thead>
<tr>
<th>Last Name Begins A-C</th>
<th>Call David John</th>
<th>(912) 876-1724</th>
<th>Cell (912) 977-2863</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name Begins D-I</td>
<td>Call Terry Dow</td>
<td>(912) 876-1723</td>
<td>Cell (912) 432-0693</td>
</tr>
<tr>
<td>Last Name Begins J-Q</td>
<td>Call Linda Bennett</td>
<td>(912) 876-1722</td>
<td>Cell (912) 977-6717</td>
</tr>
<tr>
<td>Last Name Begins R-Z</td>
<td>Call David John</td>
<td>(912) 876-1721</td>
<td>Cell (912) 977-3154</td>
</tr>
</tbody>
</table>

Updated March 19, 2014
# Youth ChalleNGe Academy Application

**Print all information**

<table>
<thead>
<tr>
<th>What is your preferred method of communication?</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ E-mail</td>
<td></td>
</tr>
<tr>
<td>☐ Telephone</td>
<td></td>
</tr>
<tr>
<td>☐ US Postal Service</td>
<td></td>
</tr>
</tbody>
</table>

**Name:** ____________________________________________ GA Resident: Yes ☐ No ☐
(First) (Middle) (Last)

**Mailing Address where you want to receive correspondence concerning your application:**
(Street) (Apt or Lot #) (City) (County) (State) (Zip Code)

**Home Phone (____)____________________ Additional Contact # (____)____________________**

**Family Income:** Persons in Household: ______ Total Annual Income: ____________

**Age:** ____________ Date Of Birth: ____________________ Gender: Male ☐ Female ☐
MM/DD/YY

**RACE:** Black ☐ White ☐ Asian ☐ Hispanic ☐ Native American ☐ Other ☐

**Color of Hair:** ____________ Color of Eyes: ____________ Height: ____________ Weight: ____________

Do you have a GED: Yes ☐ No ☐ Last Grade Completed: ______

TABE Scores: Reading________ Math________

If you have not taken the TABE, enter the date you have scheduled to take test: ________________

Did you volunteer for this program: Yes ☐ No ☐ Month and Year of Dropping Out ____________

Are you unemployed or under-employed? Unemployed ☐ Under-employed ☐

If you are under-employed, what is your place of employment? ___________________________

If you are under-employed: What is your hourly wage? ______ How many hours per week? ______

List two personal accomplishments:

1. ________________________________________________________________________________
2. ________________________________________________________________________________

**Parent or Legal Guardian Mailing Address:**

**Name:** ____________________________________________ Relationship: ________________
(First) (MI) (Last)

**Address:**
(Street) (Apt or Lot #) (City) (State) (Zip Code)

**Home Phone: (____)____________________ Work: (____)____________________**

E-mail Address: ____________________________________________

Recommended by (if applicable): ____________________________________________

Telephone Number: ____________________________________________
In 150 words or less, tell us why "I should be accepted into the 22-week Georgia National Guard Youth ChalleNGe Academy." In this short paragraph, also include your future plans and goals. Essay must be in applicant’s handwriting. Use this section. Do not type or submit essay on a separate sheet of paper.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Have you ever been ARRESTED or CONVICTED by a CRIMINAL or CIVIL COURT, including Juvenile Court, for any offense: YES ☐ NO ☐

If "Yes" give date, location, and circumstances of arrest and/or conviction:

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

I believe that I understand the aims and purposes of the Georgia National Guard Youth ChalleNGe Academy. To the best of my knowledge, all statements made by me on this application are truthful. At this time, I am in good health, drug free, and do not have an alcohol problem. I am not serving a sentence under auspices of any facet of the legal system and I am not on probation. I understand that this is a "TOBACCO-FREE" Academy.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Date: ________________

(Applicant’s Signature)

___________________________________________________________________________________________________

Date: ________________

(Parent or Legal Guardian’s Signature)
# Medical History

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Social Security Number</th>
<th>Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present Statement of Health</th>
<th>Allergies</th>
<th>Current Medications &amp; Dosages</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Right Handed</th>
<th>Left Handed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DO YOU HAVE OR EVER HAD:</th>
<th>Yes</th>
<th>No</th>
<th>If you marked yes, please explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household contact with anyone who has tuberculosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis or positive TB test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood in saliva or when coughing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive bleeding after injury or dental work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide attempt or plans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep-walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear corrective lenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye surgery to correct vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack vision in either eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stutter or stammer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear a brace or back support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swollen or painful joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or severe headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness or fainting spells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing loss</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STD/syphilis/gonorrhea, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent gain/loss of weight</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of finger/toe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed-wetting since age 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stone/blood in urine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes or hypoglycemia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent ear infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe tooth or gum trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DO YOU HAVE OR EVER HAD:</td>
<td>Yes</td>
<td>No</td>
<td>If you marked yes, and the condition has been present in the last five (5) years, please explain.</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic cough</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitation or pounding heart</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High or low blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent leg cramps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent indigestion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach, liver, intestinal trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gall bladder trouble or gallstones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundice or hepatitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken bones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin diseases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tumor, growth, cyst, or cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemorrhoids or rectal disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent or painful urination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid trouble or goiter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis, rheumatism, or bursitis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone, joint, or other deformity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Painful or “trick” shoulder or elbow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent back pain or any back injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trick or locked knee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foot trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nerve injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paralysis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy or seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car, train, or air sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of memory or amnesia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periods of unconsciousness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray or any radiation therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DO YOU HAVE OR EVER HAD:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinusitis or hay fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tire easily</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain or pressure in chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to chemicals, dust, sunlight, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to perform certain motions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to assume certain positions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been treated for a mental condition?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you had, or have you been advised to have, any operations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a patient in any type of hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever had any illness or injury other than those already noted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to asbestos or toxic chemicals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever been diagnosed with a learning disability?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used illegal substance / Use tobacco?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Female Only**

<table>
<thead>
<tr>
<th>Message</th>
<th>Date of last Menstrual Period</th>
<th>Date last PAP smear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated for a female disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in menstrual pattern</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete.

Parent or Guardian Signature & Date
MEDICAL INSURANCE INFORMATION SHEET
This information sheet must be completed in order for the applicant to be enrolled in Youth ChalleNGe Academy.

CANDIDATE’S BIRTH NAME: ___________________________ SSN: __________________

HOME ADDRESS: _____________________________________________________________
(STREET) (CITY) (STATE) (ZIP)

PARENT/GUARDIAN NAME: ___________________________ SSN: __________________

DO NOT CURRENTLY HAVE ANY TYPE OF MEDICAL INSURANCE? _____YES_____NO
IF YOUR ANSWER IS YES, PLEASE COMPLETE THE FOLLOWING:

ARE YOU CURRENTLY ON MEDICAID? : YES ____ NO ____ MEDICAID ACCT#__________

COUNTY IN WHICH APPLICANT IS CURRENTLY ENROLLED: __________________________

MILITARY DEPENDENT? : YES ____ NO ____
IF YES, SPONSOR’S NAME: ___________________________ SSN: __________________

HOME ADDRESS: _____________________________________________________________
(STREET) (CITY) (STATE) (ZIP)

TRICARE ACCOUNT NUMBER: ________________________________________________

SPONSOR’S MILITARY UNIT: ___________________________ UNIT PHONE: __________

PRIMARY INSURANCE:
NAME: ___________________________ POLICY NUMBER: _________________________

GROUP NUMBER: _______________________ POLICY HOLDER: ______________________

INSURANCE COMPANY ADDRESS:
___________________________________________________________________________
(STREET) (CITY) (STATE) (ZIP)

INSURANCE COMPANY PHONE NUMBER: (______)________________________________

SECONDARY INSURANCE:
NAME: ___________________________ POLICY NUMBER: _________________________

GROUP NUMBER: _______________________ POLICY HOLDER: ______________________

INSURANCE COMPANY ADDRESS:
___________________________________________________________________________
(STREET) (CITY) (STATE) (ZIP)

INSURANCE COMPANY PHONE NUMBER: (______)________________________________
MENTOR PROSPECT

The Post-Residential Phase of the Georgia National Guard Youth ChalleNGe Academy 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.
- Live in the same geographical area as the candidate.
- 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 of 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 and objectives 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 (912) 876-1743/1745; or at Fort Gordon, Ms. Howard at (706) 823-9274.
NAME OF THE STUDENT I WISH TO MENTOR: _____________________________________________
STUDENT DOB: ________________   Cleared: Y / N: ________________

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: ____________________________________________

EDUCATIONAL INFORMATION

HIGH SCHOOL/GED GRADUATE: Yes  No  YEAR: ______________

YEARS OF COLLEGE/ UNIVERSITY: None  1-2  3-4  5-8  9-12

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? ________________________________________________________________

____________________________________________________________________________________________

WILL BE USED FOR STATISTICAL DATA ONLY.
NAME OF THE STUDENT I WISH TO MENTOR: _______________________________________________________

YOUTH EXPERIENCE

DO YOU HAVE EXPERIENCE WITH YOUTH/CHILDREN? Yes No IF YES, DESCRIBE:

__________________________________________________________________________________________

WHY DO YOU WANT TO BECOME A VOLUNTEER MENTOR WITH THE YOUTH CHALLENGE PROGRAM?

__________________________________________________________________________________________

HOW LONG HAVE YOU KNOWN THE CANDIDATE? ________________________________________________

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

LIST ANY INTERESTS, HOBBIES AND ACTIVITIES YOU ENJOY: ___________________________________

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD BE WILLING TO SHARE? Yes No

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 AM IN GOOD HEALTH.
I AM NOT, NOR WILL I BE, DRUG- OR ALCOHOL-DEPENDANT 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 YOUTH CHALLENGE ACADEMY.

______________________________________________               ________________________
APPLICANT’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 YCA 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 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 ChalleNGe will not be liable for, and I agree to hold 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 ChalleNGe's negligence, or otherwise.

I further release 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 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 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 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 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 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 ____________________________________________

To Be Completed by Law Enforcement Agency

This individual is: _________ clear   _______ not clear
COMMONLY ASKED QUESTIONS AND ANSWERS

GENERAL QUESTIONS ABOUT THE PROGRAM:

1. **How old does my child have to be to be eligible for YCA?**
   - Your child must be **16 before the first day of class.**
   - Your child **cannot turn 19 before the first day of class.**

2. **How much does it cost?**
   - The program is state and federally funded. There are **no tuition or application fees.**
   - You are responsible for any fees to take the TABE test.
   - You are responsible for providing the required list of items on the packing list issued at orientation.

3. **What class will my child be able to enter?**
   - The Admissions Office continuously accepts applications.
   - Beginning dates for classes are tentatively scheduled as follows and candidates are normally assigned to the next available class:
     - **January:** Fort Stewart
     - **March:** Fort Gordon
     - **July:** Fort Stewart
     - **September:** Fort Gordon

4. **When will I know if my child is accepted?**
   - You are **notified by mail** of acceptance as soon as the decision is made.

5. **How long does the program last?**
   - The applicant is a **resident for 22 weeks.**
   - The applicant is **assisted by his/her mentor for 12 months after graduation.**

6. **Can my child be forced to attend?**
   - **NO!** The Youth Challenge Academy takes only applicants who volunteer for the program!

7. **What diploma/s will my child receive?**
   - If your child completes **all 8 Core Components of the program**, he/she will receive the **Youth Challenge Academy Diploma.** Also, your child may receive the GED Diploma for successfully completing all four (4) parts of the **General Educational Development (GED) Test.**

8. **Does my child have to join the military after graduation?**
   - **No.** Even though the ASVAB test is given to all students, SAT, ASSET, and ACT tests are offered for those interested in college or vocational school.
9. What is a **TABE Test**, and where does my child get one?
   - Call the Admissions Department for full information on the TABE Test.
   - The TABE Test is a measurement of reading and math skills given in grade levels.
   - TABE Test results are forwarded to the Admissions Office.
   - **TABE scores are necessary to make the application complete!**

10. **Does my child have to be withdrawn from school to apply?**
   - If your child is enrolled in school, it is not recommended that you withdraw him or her until your child starts Youth Challenge Academy.

11. **Does a physician need to complete the medical history?**
   - The medical history can be completed by you and your child.
   - If the child has a medical problem that keeps him or her from completing the physical training, a doctor’s statement will be requested.

12. **What if my child has lost his or her Social Security Card?**
   - Visit your local Social Security Office and reapply for the card.
   - The paper issued to your child by that office will have verification of the number. Only this verification or a copy of the card itself is accepted as proof of your child’s number.

13. **Where do I find a mentor prospect?**
   - You and your child choose this person, and the person you choose completes the enclosed mentor application.
   - It is required your child provide a mentor prospect in order to be eligible.
   - Mentor requirements are listed on the 1st page of the mentor application

14. **After completing the application, may I fax it?**
   - **NO! Original signatures are required on the application!**
   - Our address is **on the front page**. Completed applications should be mailed in enough time to reach us before the deadline of the next available class!!!!

15. **Do I need to send original documents (Social Security Card, Valid Government-issued ID, Birth Certificate, etc.) to you?**
   - **NO!** Regular copies can be sent.
   - Copies need to be clear and legible.

16. **Does my child need to have an interview?**
   - On occasion an interview may be required.
   - You will be notified if we feel this is necessary.