

## CHECKLIST OF COMPLETION

APPLICATION FORMS	PAGE	Check when completed	
		Original	Copy
Applicant Data	2 thru 4		
Power of Attorney (Notarized)	5		
Law Violations	6		
Eligibility Questions	7		
Statement of Understanding	8		
Medical Physical	9		
Permission to use Photo Release Form	10		
ITEMS TO COPY		ITEM #	
Birth Certificate	1		
Social Security Card	2		
Candidates NM Drivers License or ID	3		
Parent/Guardian NM Drivers License or ID	4		
Health Insurance Card	5		
Treatment/Counseling Records-If <b>Applicable</b>	6		
Immunizations Record	7		
TB Test Results/Flu Shot--Recort of Receipt of vaccination	8		
Chronological History from JPPO-If <b>Applicable</b>	9		
Transcript from previous school attended	10		
2 Letters of Recommendation	11		
MENTOR APPLICATION		Original	Copy
1st Mentor (complete application)			
2 Reference Letters (attached to application)			
Copy of DL/Proof of Insurance			
MANDATORY	Staff Signature		
Attend Orientation			
Be Interviewed by a Staff of NMYCA			
Original Application			
Date Application Received			
<p>A faxed copy of the application will be accepted, however the <b>ORIGINAL</b> application must be received by the deadline to be considered for acceptance.</p>			



New Mexico Youth Challenge Academy  
 131 Earl Cummings Loop  
 Roswell, NM 88203  
 WEBSITE: [www.ngvcp.org/nm](http://www.ngvcp.org/nm)  
 PHONE: 575-347-7610 FAX: 575-347-9762

## CADET APPLICATION

Applicant Data					
Applicant's First Name		Middle Name		Last Name	
Date of Birth mm/dd/yy		Age	Gender – Circle One	Social Security Number	County
/ /			Male Female	- -	
Are you a citizen of the United States? Circle One		If you are not a U.S. Citizen, Please indicate status – Circle One		Are you a resident of New Mexico? Circle One	
Yes No		Legal Resident	Work Permit	Yes No	
Do you speak any language other than English?			YES NO	If yes, what language is preferred?	
Applicant's Residence Data					
Name of Person(s) Applicant Lives With			Relationship to Applicant		
Street Address			Apt. No.	City	State Zip Code
Home Phone	Alternate Phone		Pager	Cellular	
( )	( )		( )	( )	
Applicant's Mailing Address--Only if different from residence					
P.O. Box or Street Address		City		State	Zip Code
Applicant's Personal Data (Circle one)					
Applicant's Marital Status:	Single	Married	Separated	Divorced	
Does Applicant have children:	Yes	No	If yes, how many:		
<p>**The New Mexico National Guard Youth Challenge Academy does not provide day care for dependents. If I am accepted, I understand that I am still liable for their care. I certify that I will arrange for proper and safe care for my dependants(s). if I am selected to participate in this program.</p>					

Parent / Legal Guardian Information		
	Father/Guardian Information	Mother/Guardian Information
Name		
E-mail		
Address		
City, State, Zip-Code		
Home Phone	Cell	Cell
Work Number		
If parents are divorced, who has custody (Joint / Sole)		
If parents are divorced and have JOINT custody, please list address of other parent for joint mailings regarding Corps Member		
Emergency Contact: Other than parents/legal guardian		
	Contact #1	Contact #2
Name		
Relationship		
Phone #		
Address		
City/State/Zip		
Authorized for Pick-Up: Other than parents/legal guardian		
<i>Parent/Guardian will be asked to provide additional names to "Authorized for Pick-Up" list at in-processing.</i>		
<b>This person(s) must be 21 years of age and will be required to show picture ID at the time of pick-up.</b>		
	Designated Adult #1	Designated Adult #2
Name		
Relationship		
Home Phone		
Address		
City/State/Zip		

I/we, the Parent(s)/Legal Guardians of the applicant, do agree to support our child's decision to better his/her life by applying to the NM Youth Challenge Academy. We will assist him/her by attending the **orientation/interview session**. We will also assist the applicant in retrieving the necessary documents/information that may be required by the NM Youth Challenge Academy.

\_\_\_\_\_  
Father / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*Both parent(s)/guardian(s) must sign if living with or having joint custody of the above named applicant.**

**Applicant Health Data**

Are you in good health? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain briefly:

Are you allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list "things" you are allergic to:

Do you have any medical problems that could keep you from participating in any physical activity?  
If yes, explain briefly (illnesses, injuries, accidents, etc.): Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list medication(s) and purpose:

Have you undergone treatment for alcohol or substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list date(s) and place. Also give brief explanation:  
**\*Record of treatment/counseling will be required.**

Do you require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

Do you have any current dental issues / problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give brief explain:

When was your last dental examination?  
What was it for?

I understand that a current physical examination is required and will submit a completed Medical Form, which shall include a complete physical examination, and immunization record.

**I understand that I will be dismissed (released) if I incur any illness or injury which prohibits me from participating in this program. I understand that I will be eligible to reapply for future classes when the illness or injury is corrected/cured. I also understand that my physician's written clearance must accompany any future application(s) that I might submit to the NM Youth Challenge Academy.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/ Legal Guardian Signature

\_\_\_\_\_  
Date

# New Mexico Youth Challenge Academy

(Please complete in ink)

## POWER OF ATTORNEY

I/We, the parent/legal guardian of, (APPLICANT NAME)

\_\_\_\_\_ Applicant Last Name

\_\_\_\_\_ Applicant First Name

\_\_\_\_\_ Applicant Middle

Hereby appoint the staff of the NM Youth Challenge Academy, located at 131 Earl Cummings Loop, Roswell, NM, to serve as my true lawful attorney(s)-in-fact to do the following in my name and on my behalf for the applicant listed above. My attorney(s) in-fact shall have the power to make any and all decisions regarding the following items:

1. Health, Mental, Dental and Vision treatment( to include dispensing of prescription and/or over the counter medication).....initial \_\_\_\_\_
2. Banking Transactions (local account opened for the youth during residential phase).....initial \_\_\_\_\_
3. Participate in all Academy activities (rappelling, aircraft rides to include military, ground transportation, various off-campus activities, extreme physical activities, weight training).....initial \_\_\_\_\_
4. To request all records to include juvenile, school, medical.....initial \_\_\_\_\_
5. Permission to test for any exams the Academy deems necessary(GED, Drug, physical & academic testing) .....initial \_\_\_\_\_
6. Transportation of applicant (NMYCA sponsored activities, medical, disciplinary resulting in commercial transportation to his/her home of record for which parent/guardian is responsible for payment)..... initial \_\_\_\_\_

This Power of Attorney shall expire after the 22 week residential phase is completed or applicant withdraws from the Academy.

\_\_\_\_\_ Father/Legal Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Mother/Legal Guardian Signature

\_\_\_\_\_ Date

## NOTARY

State of New Mexico, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

By \_\_\_\_\_.

\_\_\_\_\_ Notary Signature

\_\_\_\_\_ Comm. Expire

\*\*Both parent(s)/guardian(s) must sign if living with or having joint custody of the above named applicant.

### Law Violations

(Answer all questions by checking YES or NO)

A. Have you ever been arrested, charged, cited or held by law enforcement or juvenile authorities? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain in box below.**

B. Have you ever been convicted or adjudicated as a youthful offender or juvenile delinquent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain in box below.**

C. Do you currently have any pending charges against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain in box below.**

D. Are you currently on parole or probation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain in box below.**

E. Have you ever been arrested, charged, or adjudicated for a **felony** offense? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, please explain in box below.**

### Law Violation Explanation

**If you answered "YES" to questions A through D, explain each incident below. Include all incidents with law enforcement authorities even if the citation or charge was dropped or dismissed or you were found not guilty. If necessary, attach a separate sheet to this application.**

Date	Nature of Offense or Violation	Place	Penalty Imposed/Disposition

### Probation/Parole Officer

**If you ever had a Probation/Parole Officer, please provide his/her information**

Name	
Address	
Phone Number	

**\*If you are on probation, you must attach a copy of your chronological history in order to have your application considered.**

To the best of my knowledge, I have answered all of the above statements truthfully.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date



## New Mexico Youth Challenge Academy Applicant's Statement of Understanding

- 1) I/We have read and answered the questions in this application truthfully and to the best of my knowledge. I/We understand that any **FALSIFIED** information will **VOID** this application
- 2) I/We am/are aware that the New Mexico Youth Challenge Academy will be physically and mentally demanding.
- 3) At this time, the applicant is in good health, is drug free, and is not actively involved in the legal system or currently enrolled in school.
- 4) I/We understand if I/We am/are not able to transport the applicant to NMYCA for in-processing, that who ever transports in my place has my permission to sign any NMYCA documents on my behalf.
- 5) I/We understand that if the applicant leaves the Youth Challenge Academy Facilities without proper authorization (AWOL), I/we will not hold the Academy liable for the well-being of the applicant. I/We will be notified within a reasonable time of such an occurrence. The applicant will also be reported to the Roswell Police Department as a "runaway".
- 6) I/We understand that if the applicant is returned home within 24 hrs of the runaway report, NMYCA is no long responsible for the applicant and the "POWER of ATTORNEY" (pg 5) will be terminated.
- 7) I/We agree that if the applicant "runs away" from the program, it is our responsibility to make arrangements within 30 days to pick up his/her personal belongings. If arrangements are not made, personal items will become property of NMYCA to include \$120 money order.
- 8) NMYCA is only responsible for communicating with the parent/guardian listed as that with whom applicant lives. It is the responsibility of the parent/guardian to keep other parents and/or family informed of the information regarding the applicant.

Applicant's Signature	Date
Father's/Legal Guardian's Signature	Date
Mother's/Legal Guardian's Signature	Date

The following information is needed for academy reporting purposes only.  
This will not affect selection of the applicant!

- A. What is the total income for your household last year? Please include such things as job wages, pensions, Social Security benefits, retirement income, child support, alimony, unemployment compensation, AFDC, general assistance, welfare, SSI and SSDI payments.

Please check one only:

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$15,000  | <input type="checkbox"/> \$35,001 - \$45,000   |
| <input type="checkbox"/> \$15,001 - \$25,000 | <input type="checkbox"/> Greater than \$45,000 |
| <input type="checkbox"/> \$25,001 - \$35,000 |  |

- B. How many people are in your household? \_\_\_\_\_

- C. What is your (applicant) race/ethnicity?

- |  |   |                                |                                |  |
|--|---|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaska Native    | <input type="checkbox"/> Asian | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> White |                                |  |

- D. Where did you hear about our academy? Who referred you?

- |   |   |
|---|---|
| <input type="checkbox"/> High School Counselor    | <input type="checkbox"/> Friend             |
| <input type="checkbox"/> Probation Officer        | <input type="checkbox"/> National Guardsman |
| <input type="checkbox"/> Past Graduate of Program | <input type="checkbox"/> Other (Specify)    |

# NEW MEXICO YOUTH CHALLENGE ACADEMY PHYSICAL EXAMINATION FORM

**This form should be filled out by candidates Primary Care Physician**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

General Appearance: \_\_\_\_\_

**Examination:** Are there any pre-existing injuries/illnesses that NMYCA should be aware of?

	Normal	Abnormal/findings	Initials
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia(males only)			
Skin			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Breasts(females)			
TB Skin Test Given		Complete upon reading of Results:	
Flu Vaccine Given		Manufacturer:     /Lot #:     /Exp Date:	

\_\_\_\_\_ PHYSICALLY QUALIFIED. The patient is considered physically qualified to participate in physical activities including running, jogging, marching, push-ups, pull-ups, and cardiovascular workouts. The following issues are non-urgent and should be evaluated at the parent or guardian's convenience.

\_\_\_\_\_ NOT PHYSICALLY QUALIFIED. The patient is not physically qualified to participate in the above physical activities or the following urgent issues must be evaluated promptly.

Physicians Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physicians Signature \_\_\_\_\_



New Mexico Youth ChalleNGe Academy  
131 Earl Cummings Loop  
Roswell, NM 88203  
Office: 575-347-7609 Fax: 575-347-9762

**USE OF PHOTOGRAPHS AND PERSONAL INFORMATION  
RELEASE FORM**

Dear Parent/Guardian:

This form is to request your authorization to use your cadet's photos and/or personal testimonials for various publications used by New Mexico Youth ChalleNGe Academy (NMYCA).

During the course of the cycle that your son/daughter is a cadet at NMYCA, his/ her photo will be taken. These photos will be used for various publications, such as the cycle yearbook, NMYCA Website, and recruiting fliers.

I, the parent/guardian of Cadet \_\_\_\_\_ hereby **AUTHORIZE** NMYCA to use my cadet's photos.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR**

I, the parent/guardian of Cadet \_\_\_\_\_ **DO NOT AUTHORIZE** NMYCA to use my cadet's photos.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature