

**KENTUCKY KAGF: CHALLENGE**  
**MENTOR APPLICATION**

Every cadet attending Kentucky Youth Challenge MUST have a mentor. Choosing a mentor is a very important decision. Please put some thought into the process, the mentor should be someone that YOU, the applicant, select. Your parents or guardians may make suggestions, but the decision should be yours.

The following qualities may be used when choosing a mentor: A good listener, a person who enjoys being with teenagers; someone who is a good role model; a mature adult who really cares about your success.

- The mentor normally should be someone of the same sex.
- The mentor should not be a relative.
- The mentor must be twenty-one (21) or older.
- The mentor must not be drug or alcohol dependent.
- The mentor should not be someone with a felony arrest record.
- The mentor should be in good health.

NOTE: A criminal records check will be requested by the academy.

Some good choices might be a coach, teacher, principal, counselor, neighbor, minister, good friend, etc. However, the mentor must, as a minimum, meet the above criteria.

Please have your prospective mentor complete the information that follows. The prospective mentor must also complete the attached Release of Information Form.

To protect the mentor's privacy of information, your mentors' application may be sealed in a separate envelope.

These forms must be returned with your completed Student application.

**MENTOR APPLICATION CHECKLIST**

- Page 2-Mentor Application
- Page 3-Mentor authorization to Release Information
- Page 4-Mentor Position Description
- Page 5-Mentor Liability Release

## MENTOR APPLICATION

Cadet Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Mentor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

(If you receive your mail at a PO Box, put your street address here.)

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Q \_\_\_\_\_ 6>°, (\_\_\_\_)

E-Mail: \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Social is required to complete a criminal background check)

Gender: Male Female Marital Status: \_\_\_\_\_ Aliases/Nick Names \_\_\_\_\_

Relationship to Candidate \_\_\_\_\_ Length of time lived in Kentucky \_\_\_\_\_

Ethnicity: (must check one) American Indian/Alaskan Native Asian or Pacific Islander Black  
Hispanic Multi-racial White

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

Example: 8:00a.m.- 4:30p.m. or swing shift, etc

Please list Two (2) references:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Date Verified \_\_\_\_\_ Amps Initials \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Date Verified \_\_\_\_\_ Amps Initials \_\_\_\_\_

**I DO NOT PRESENTLY HAVE ANY CASES PENDING AGAINST ME IN THE LEGAL SYSTEM; I AM IN GOOD HEALTH AND I AM NOT NOW NOR WILL I BE DRUG OR ALCOHOL DEPENDENT DURING MY MENTORSHIP.**

\_\_\_\_\_  
SIGNATURE OF MENTOR APPLICANT

\_\_\_\_\_  
DATE

**KENTUCKY KAGF: CHALLENGE**  
**MENTOR AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby authorize the Kentucky Youth Challenge, along with the law enforcement departments, to conduct whatever background search that may be deemed appropriate.

The information and background search is necessary to assist in determining my qualifications and suitability for the Volunteer Mentor Position I am seeking with the Kentucky Youth Challenge.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability for this position. I hereby release Kentucky Youth Challenge and its agents from liability and damage that may result from the exchange of requested information between law enforcement departments and the Kentucky Youth Challenge

**PRIVACY ACT**

Personal Information is required and protected under the Privacy Act of 1974. Kentucky Youth Challenge operates as an entity of state government, organized under state law. Data for program operations is required and protected under Public Law 102-484, Section 1091 e (2). Disclosure is voluntary, however; persons failing to provide the information requested on this document will not be considered for participation in the program. Information provided on this application and generated during residential and post residential performance will only be used by the program to meet federal and state requirements and will not be released to any party outside the Youth Challenge organization, our inspectors/evaluators, or based upon requirements dictated by competent legal authority.

\_\_\_\_\_  
SIGNATURE OF MENTOR APPLICANT

\_\_\_\_\_  
DATE

## MENTOR POSITION DESCRIPTION

- **Position Summary:**

The mentor serves as a role model, friend, and advocate to a cadet for at least 14 months.

- **Working Relationship:**

Reports to Regional Mentor Coordinator.

Mentors only one cadet (unless approved by the Regional Mentor Coordinator)

- **Duties:**

Commits to spending at least 14 months in consistent contact with a cadet.

- **Responsibilities:**

Returns all requested forms promptly.

Attends a 3-4 hour Mentor Training class at the Academy site to learn how to relate effectively to cadet.

Assists the cadet with the Post Residential Action Plan (PRAP) development and discusses his or her progress of the Plan

Makes consistent contact with the cadet by phone, mail, or in person. Four contacts per month are required. At least two of these must be face-to-face during the Post-Residential Phase if within geographic proximity.

Completes a monthly mentor report on cadet's placement activities and sends to Regional Mentor Coordinator.

Observes all program policies and guidelines for mentors. Discusses violations of policies by cadets with the Regional Mentor Coordinator.

Refers the cadet to community resources as needed and helps the cadet obtain those resources.

Shares occasional informal and fun activities with his or her cadet. The mentor and cadet will jointly select and schedule the activities.

The mentor promptly informs the Regional Mentor Coordinator of problems or needs in the cadet's life or in their relationship.

**I have read the Position Description for a Mentor and agree to adhere to the requirements to the best of my ability as attested by my signature below.**

---

(Print Name)

(Signature)

(Date)

MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched-cadet and that I must exercise care in supervising my cadet 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 cadet and the 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 Kentucky.

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

I further release the Challenge Program 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 the Challenge Program, its officers, agents, servants, employees or otherwise.

---

Mentor Print Name

Signature

Date