

# MENTOR APPLICATION

**Bldg 16414 – Box 41 Camp Joseph T. Robinson North Little Rock, AR 72199**

**Mentor sign and return with complete application**

**Visit our website for more information: [www.ngycp.org/ar](http://www.ngycp.org/ar)**

**Who can be a Mentor?** Some possible candidates are ministers, Sunday school teachers, teachers, business owners, members of the National Guard, counselors, probation officers, police officers, doctors, and so on. The mentor must be a responsible positive role model, the **same gender** as the student, at least 21 years old and not same household, immediate family, nor Challenge staff or spouse. *All mentor information will remain confidential.* Neither the student nor their parent have to see your application if you don't wish. Your application can be mailed in separate from the student application. Thanks for your consideration

## **Position Summary**

The mentor serves as a role model, friend, an advocate, provides encouragement and instruction to the Student for at least 14 months.

## **WORKING RELATIONSHIP**

There is one Mentor for each student.

The Mentor reports to the assigned Case Manager during the Post-Residential.

## **DUTIES AND RESPONSIBILITIES OF THE MENTOR**

- Commits to spending at least 14 months in contact with the student.
- Cooperates with the Mentor selection process by returning screening materials promptly.
- Mentor will attend **one** training session at Camp Joseph T. Robinson. Training is a requirement and takes place **after** the student is accepted to the program. By week 13 of the Residential Phase, cadets & mentor complete the required pre-match training based on the National Guard Bureau curriculum.
- Assists the Student with the Post Residential phase and monitors their progress.
- Maintains consistent contact with the student. A minimum of **four hours** of per month
- Observes all Program policies and guidelines. Discloses possible student violations of policy with the Case Manager.
- Coordinates the Student's access to other community resources.
- Mentor and student must communicate during the residential phase.
- Participates in home visits and relevant ChalleNGe Activities.
- Mentor play an important role encouraging the cadet to be placed (military, education, volunteer, work, and stay on the right path (these are student requirements after graduation during the post-residential phase)
- Communicates monthly with the Case Manager
- Informs of any problems or needs in the Mentor/Student relationship

**If you have any questions please, don't hesitate to contact our  
Mentor Coordinator, 1-800-814-8453, and/or via e-mail: [www.ngycp.org/ar](http://www.ngycp.org/ar)**

**All forms must be completed by the Mentor**

**PLEASE PRINT**

Name of Student (legal name) you wish to Mentor \_\_\_\_\_

**Mentor's Name** \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_  
(Street) (Apt. #)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Marital Status \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ How Long Employed \_\_\_\_\_

May we call you at work? \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ State \_\_\_\_\_  
(Street) (Apt. #)

What is your relationship to the cadet?

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a mentor?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Volunteer Commitments \_\_\_\_\_

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Please list three references (not relatives):

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_

## **Mentor Liability Release**

I understand and agree that I will be the one actually spending time with my matched student, and that I must exercise care in supervising my student while we are together. I also understand and agree that I am not a Youth Challenge program agent, and that Challenge does not retain any power to control how these activities are to be conducted in the State of Arkansas.

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

I further release 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 Youth Challenge, its officers, agents, employees or otherwise.

By signing below, I certify that I will promptly report any changes in my address, phone number, a coverage or status of my driver's license.

**THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

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**Mentor's Signature**

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**Date**

**Authorization for Release of Confidential Information  
Contained Within the**

**Arkansas Child Maltreatment Central Registry – MENTOR APPLICATION**

I hereby request that the Arkansas Child Abuse & Neglect Central Registry release any information their files may contain indicating the undersigned applicant as an alleged perpetrator of suspected child maltreatment. This information should be addressed to:

AR NG YOUTH CHALLENGE, CAMP JOSEPH T. ROBINSON  
POST RESIDENTIAL OFFICE, NORTH LITTLE ROCK, AR 72199-9600

**Do Not Fax! Must Have Original!**

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

<hr/> <b>Applicant's Name</b> (Print clearly) <hr/>	<hr/> <b>Social Security Number</b> <hr/>
Telephone: Home _____	Work: _____
<hr/> <b>Maiden Name/Aliases</b> <hr/>	<hr/> <b>Full Name/DOB Children</b> <hr/>
<hr/> <b>Race</b> <b>Age/DOB</b> <hr/>	<hr/> <b>Full Name/DOB Children</b> <hr/>
<b>Current Address:</b> _____ _____	<hr/> <b>Full Name/DOB Children</b> <hr/>
from _____ to _____	<hr/> <b>Full Name/DOB Children</b> <hr/>
<b>Past Addresses:</b> _____ _____	<hr/> <b>Full Name/DOB Children</b> <hr/>
from _____ to _____	<hr/> <b>Full Name/DOB Children</b> <hr/>
_____ _____	<hr/> <b>Full Name/DOB Children</b> <hr/>
from _____ to _____	<hr/> <b>Full Name/DOB Children</b> <hr/>

COUNTY OF \_\_\_\_\_  
STATE OF ARKANSAS  
Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
My commission expires:

\_\_\_\_\_  
Notary Public

