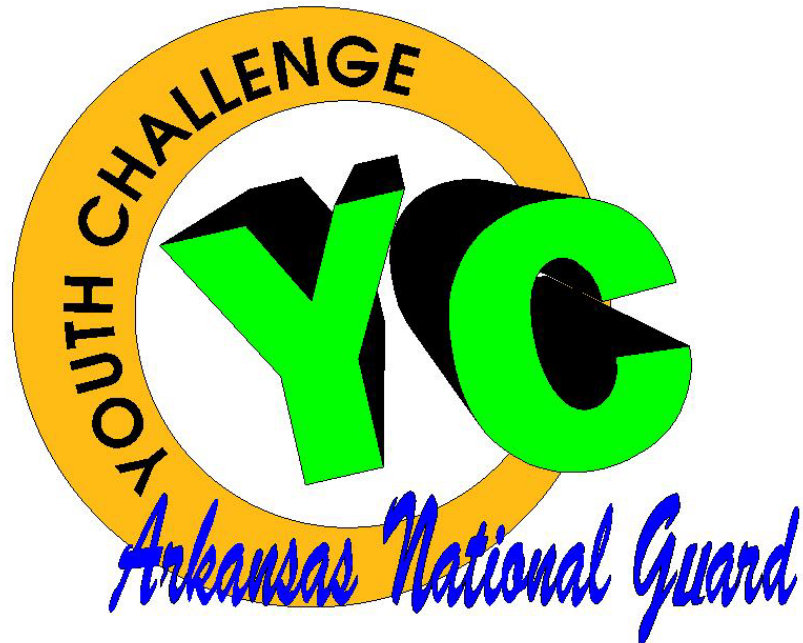


# Arkansas National Guard



## Youth ChalleNGe Program Application



**ARKANSAS NATIONAL GUARD  
YOUTH CHALLENGE PROGRAM**

Camp J T Robinson  
Bldg. 16414 – Box 41  
North Little Rock, Arkansas 72199-9600



Dear Applicant:

Today you are taking one of the most important steps in your life. You have an opportunity to apply for a program that provides you with training, experience and education that will benefit you, your family, and your community.

Please complete the application forms and send back to us at the above listed address. **You must furnish a copy of your Birth Certificate and Insurance Card with your application.**

The Arkansas National Guard Youth Challenge Program does not end with the cadet's graduation after the 22 weeks spent at Camp Robinson. Before graduation, we match the cadet with a responsible role model (mentor). The mentor serves as a counselor to the cadet for a period of one year. The mentor is not intended to be a replacement of the parent.

We need your help in finding a suitable mentor for your cadet. Some possible candidates are ministers, Sunday school teachers, teachers, business owners, members of the National Guard, counselors, probation officers, police officers, etc. The mentor must be a responsible positive role model, at least 21 years old, and can not live in the same household. **The mentor must be of same gender and cannot be an immediate family member or anyone living in the same household.** Please ensure the completed mentor forms are returned and notarized as fast as possible to the above address. Without a mentor application your child will not be allowed to take the GED test or graduate from the program.

Your completed application should be submitted as soon as possible and without delay.

You may contact personnel at the Arkansas National Guard Youth Challenge headquarters at 1-800-814-8453 or 501-212-5341 if you have any questions.

**"WE SUPPORT SECOND CHANCES"  
PROGRAM OVERVIEW**

The Youth Challenge Program is sponsored by the Arkansas National Guard. It is a voluntary behavior modification training program located at Camp Robinson in North Little Rock, Arkansas. The in-residence program lasts for 22 weeks, followed by a 12-month mentoring program. It is a rigorous quasi-military program designed to develop character and self-discipline.

The program is designed to teach Arkansas youth self-esteem. It also guides them to the completion of the General Education Development (GED) program. The GED is issued by the State of Arkansas, Department of Workforce Education. (Certificate reads Arkansas High School Diploma)

Approximately 50 Staff members, certified teachers and counselors are assigned to guide cadets through 200 hours of math, reading, writing, science and social studies.

Other features of the program include: physical fitness training, service to the community, work projects, career planning skills, drug abuse awareness, self discipline and leadership training.

**Youth ChalleNGe may be the only second chance you get in life!!!**

### **APPLICATION REQUIREMENTS**

- 16 to 18 years old at the time of entry into the program (Cadets cannot be older than 19 years of age at the time of graduation).
- Has not completed the GED or obtained a high school diploma
- A US citizen or legal resident and a resident of Arkansas
- Physically and mentally capable of completing the program.
- Must not possess a felony charge\*

\*Applicants cannot be on parole or probation for other than juvenile status offenses. Applicants cannot be serving time for, nor have felony convictions; applicant cannot be awaiting sentencing or be indicted with any offense other than juvenile offenses.

**"WE SUPPORT SECOND CHANCES"**

**ARKANSAS NATIONAL GUARD YOUTH CHALLENGE PROGRAM  
APPLICATION FORM**

*Please print or type in BLUE or BLACK ink!*

Please return application packet to: Bldg. 16414, Box 41  
Camp J.T. Robinson, North Little Rock, AR 72199

**DO NOT FAX!**

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
*(First, Middle, Last)*

Email: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

_____ Home Address	_____ Mailing Address
_____ City, State ZIP Code                      County	_____ City, State ZIP Code                      County

**RACE AND NATIONAL ORIGIN:** (Mark only one box. Disclosure of this information is voluntary and will be used for statistical purposes only).

- |  |  |
|--|--|
| A. <input type="checkbox"/> American Indian or Alaskan Native                | D. <input type="checkbox"/> Hispanic or Pacific Islander |
| B. <input type="checkbox"/> Asian  | E. <input type="checkbox"/> White, not Hispanic origin   |
| C. <input type="checkbox"/> Black, African American (not of Hispanic origin) | F. <input type="checkbox"/> Other                        |

Have you received your GED or HIGH SCHOOL DIPLOMA? Yes \_\_\_ No \_\_\_

Name of school currently enrolled. \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Month and Year Left (No longer enrolled) \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

***COPY OF BIRTH CERTIFICATE, INSURANCE CARD, AND SHOT RECORD MUST ACCOMPANY THE APPLICATION.***

PARENT / GUARDIAN NAME: \_\_\_\_\_  
*(First, Middle, Last)*

Relationship to Candidate \_\_\_\_\_

If guardian or custodian, please provide legal documentation.

Is address same as candidate? YES \_\_\_ NO \_\_\_.

If No, please provide address: \_\_\_\_\_  
\_\_\_\_\_  
*City, State Zip Code*

<b>PARENT EMERGENCY CONTACT:</b>		
( ) _____ <i>Home Phone</i>	( ) _____ <i>Work Phone</i>	( ) _____ <i>Cell Phone</i>

\*Are you a member of the US Armed Services (Parent)? Yes \_\_\_ No \_\_\_

## VIOLATION HISTORY

### ALL APPLICANTS MUST COMPLETE THIS FORM

\*1. Have you ever been arrested, apprehended, charged, cited or held by Federal, State or other law enforcement or juvenile authorities? You must answer "Yes" regardless of whether the citation was dropped, dismissed or you were found not guilty. Yes \_\_\_\_\_ No \_\_\_\_\_

\*2. Have you ever been convicted, fined by or forfeited bond to a Federal, State or other judicial authority? Have you ever been a youthful offender or juvenile delinquent (regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record)? Yes \_\_\_\_\_ No \_\_\_\_\_

\*3. Have you ever been detained, or served time in any jail, prison, reform or industrial school, juvenile facility or institution under the jurisdiction of any city, state, Federal or foreign country? Yes \_\_\_\_\_ No \_\_\_\_\_

\*4. Are you currently a ward of the court; under suspended sentence, parole, or probation; are you awaiting sentencing or other action on criminal/ civil charges against you? Yes \_\_\_\_\_ No \_\_\_\_\_

\*NOTE: If you answered YES to any of the questions 1 through 4, you must provide a detailed written explanation of each incident below.

Application for acceptance to the Arkansas National Guard Challenge Program requires disclosure of ALL past law violations. We require background information on each applicant. Please list all offenses in your record:

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_, have been charged/convicted of the offenses listed below: (use reverse side if necessary)

### **IF YOU HAVE NONE, YOU MUST WRITE "NONE" BELOW.**

Offense	Location/County	MM/YYYY	Adjudication/ Outcome of Charge (Ex. Misd. or Felony)
1.			
2.			
3.			
4.			
5.			

\*Are you currently on probation? \_\_\_\_\_ Awaiting Court? \_\_\_\_\_ Pending Charges? \_\_\_\_\_

*“Use back of page if needed to complete this section”*

**Probation officer Information must be provided below and attach a letter to waive reporting if accepted.**

**I certify that the information provided above is true and accurate.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Probation Officer*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Probation Officer Phone*

**REQUEST FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (**Name of Applicant**) do hereby authorize state, county or city police authorities, juvenile courts or probation offices to release all information from any criminal history or juvenile court records, even if those records have been sealed, concerning me to the Arkansas National Guard, State of Arkansas, Youth ChalleNGe program solely to determine my suitability for acceptance in to "Youth Challenge".

I certify that state, county or city police authorities, juvenile courts or probation offices, and their officers or employees who furnish any such information concerning me, shall not be held liable for providing this information. I do hereby agree to release from liability and save harmless any state, county or city police authorities, juvenile courts or probation offices and its officers and employees from any and all liability which may be incurred as a result of releasing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original signature.

I have read and understand the contents of the Request of Information.

_____ <i>Applicant's Signature</i>	_____ <i>Date</i>	_____ <i>Social Security #</i>
_____ Street Address		_____ <i>Date of Birth</i>
_____ City, State, Zip Code		_____ Driver's License #
_____ Witness Signature		
_____ Parent/Guardian Signature <i>(If applicant is under the age of 18)</i>	_____ Date	

**PARENT/GUARDIAN CERTIFICATE OF UNDERSTANDING**  
**AND RELEASE OF LIABILITY**  
**THIS FORM MUST BE NOTARIZED**

I, the parent/guardian of \_\_\_\_\_ (Applicant's name) who is applying to attend the Arkansas National Guard "Youth Challenge Program" located at Camp Robinson in North Little Rock, Arkansas, hereby certify that in consideration of my child/ward being allowed to participate in the Arkansas National Guard, "Youth Challenge Program", that:

1. I permit my child/ward to be accepted into and to fully participate in all aspects of "Youth Challenge".
2. Youth Challenge has been explained to me and I fully understand and support the curriculum and activities involved.
3. My child/ward and I fully understand and accept the risks inherent in his/her participation in Youth Challenge and its activities, including the possibility of sports injuries, illnesses, accidents while traveling in vehicles or aircraft, or injury while participating in community projects or any other activities deemed proper by the Youth Challenge Director.
4. I give my permission for the program staff to maintain discipline in Youth Challenge by imposing appropriate measures upon my child's/ward's participation.

**FURTHERMORE**, in consideration of my child/ward being allowed to participate in the Arkansas National Guard, "Youth Challenge Program", I hereby release and forever discharge the State of Arkansas, its officers, agents, and employees, acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to me or my child/ward which may occur from any cause arising out of my participation in the Arkansas National Guard, "Youth Challenge". I also agree to indemnify and hold harmless the State of Arkansas, its officers, agents, and employees, from any and all liability or cause of action which may arise from my child's/ward's participation in Youth Challenge.

**I have affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

***This form must be notarized.***

STATE OF ARKANSAS  
COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC IN AND FOR THE COUNTY AND STATE AFORESAID, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_.

My commission expires: \_\_\_\_\_

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