



Mentor Application

(Please note that mentors must be 21 or older, the same gender as the sponsored youth, and must NOT be an immediate family member of the sponsored youth nor live in the same household with the youth)

Cadet Name _____ Date _____
Last Name First Name

Mentor Information: Relationship to Cadet _____

(Full Legal Name) Last Name	First Name	Middle Initial	Date of Birth	Age	Gender
Ethnicity (for statistical purposes only) please select all the apply: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Alaska Native/Native American <input type="checkbox"/> Other: Specify _____					
Current Mailing Address (Street/Apt#/PO Box)		City	State	Zip Code	
Current Residential Address		City	State	Zip Code	
If not at current address for the past 5 years, please list Former Address		City	State	Zip Code	
E-mail Address(required)		Home Phone Number		Cell Phone Number	
Current Employer's Name	Occupation	Length of Employment	Work Phone Number		

The following information is required for Joint Base access during mentor visits. Failure to complete this section will prevent you from meeting with your cadet during their time in the program.

Valid Driver's License # or Valid State ID # _____

State _____ License Plate # _____ Do you have a Military ID? Yes No

If you do not have a Driver's License who will be driving you to your cadet visit?

Name: _____ Date of Birth: _____

Valid Driver's License # _____ State _____ License Plate # _____

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

Signed _____ Date _____

MENTOR SIGNATURE

Mentor Liability Release

I understand and agree that I will be the one actually spending time with my matched corps-member, 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 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 New Jersey.

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 _____



Mentor Position Description

ChalleNGe Mentor: Officially registered, screened, and trained role model, friend and advocate to cadet from residential phase through post-residential phase, a total of 17 months.

- Complete and return application and forms when cadet enters program
- Schedule and attend four (4) hour mentor training at ChalleNGe, which includes meeting with cadet
- Follow all program policies and guidelines for mentors
- Spend 17 months in consistent contact with cadet
- Give sound advice to cadet and help cadet find resources in their community
- Visit cadet at ChalleNGe.
- Communicate monthly with ChalleNGe staff to update progress
- Contact ChalleNGe staff immediately if there are problems with your cadet, or your mentor relationship with the cadet.

I have read and understand the Mentor position requirements:

Mentor Signature

Date

Cadet – Mentor Agreement

The ChalleNGe Mentor and Cadet who sign below agree to support each other from now until one year after the cadet has graduated. The following are agreement responsibilities:

- Commit to spend 17 months in consistent contact with each other
- Make 4 contacts with each other every month, by letter, face to face, or by phone. After graduation two of the 4 contacts should be face to face
- Cadet and mentor are within 50 miles of each other – if distance exceeds 50 miles, mentor and cadet agree this is a manageable proximity for mentor/mentee relationship
- Work together on Post Residential Action Plan
- Notify each other in advance if meetings have to be cancelled and reschedule them
- Do our best to get to know, trust, respect and communicate with each other
- Try to complete one community project together
- Have at least one off-site visit before graduating
- Contact or meet with Challenge staff if the agreement isn't working out
- Complete the Post-Residential exit interview and return the completed form to the RPM department

Cadet Signature

Date

Mentor Signature

Date

Mentor Authorization to Release Information

I, _____, hereby authorize the ChalleNGe Program, along with the law enforcement departments, to conduct any background search that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the 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 _____
Last name First Name

Maiden Name/ Alias / other names used _____

Date of Birth _____ Place of Birth _____ Gender Male Female

Social Security # _____ Time lived in NJ _____ State(s) previously lived _____

Mentor's Signature _____ Date _____

Mentor/Parent Guidelines

1. Use discretion in talking with the Mentor in front of your child. Talk to the Mentor alone, and not in front of your child.
2. If there is something about the relationship that concerns you, contact your ChalleNGe RPM office immediately. Not expressing your concerns may damage the relationship.
3. Let the mentor know that his/her efforts are appreciated.
4. Remember the relationship that exists is between your child and the Mentor. Do not request that you or other family members be included in outings.
5. Forgive minor mistakes in judgment. Although the mentor has received mentor training, he or she is not a trained professional, but a greatly appreciated volunteer.
6. Do not deprive the child of the weekly visit with the mentor as a means of discipline. Remember, the mentor is volunteering his/her time and energy to be your child's friend.
7. The ChalleNGe mentor will be telling you when he or she will be returning your child. Make sure you are home/available.
8. Give it time, it will take time for this relationship to develop, at least 3 months, so don't judge too quickly.
9. Your child's mentor is a person, too. Get to know him/her so you feel comfortable with them as well as your child, healthy relationships are a good example for your child.

We hope these guidelines will help you support your child's mentoring relationship. Your role in the development of this friendship is very important. Thanks.

Parents' Signature: _____ Date: _____

_____ Date: _____

Mentor's Signature: _____ Date: _____

Mentor Application Personal References

As part of the application process, prospective mentors need to submit **two** references.

A personal reference is someone that you know socially and that is not a relative. Select two individuals that are familiar with you, and follow the directions below.

Directions:

1. Please select two individuals that are familiar with you.
2. List their contact information below.
3. Have each person complete a reference form (pages 6 & 7).
4. Return reference forms with mentor packet; if you wish to have reference responses kept confidential, mail the reference directly to the Academy.
5. Direct questions to Stephanie Dearden at 609-556-6085.

List the names and contact information for your two references:

Contact Information Reference One (1)

NAME	
PHONE	
ADDRESS	

Contact Information Reference Two (2)

NAME	
PHONE	
ADDRESS	

Mentors Reference (1)

_____ - Cadet's Name

(To be completed by someone who can attest to the character of the Mentor, *other* than the Cadet's parents)

_____ has applied for volunteer work with the New Jersey Youth
Mentor's Name
ChalleNGe Academy, which focuses on the needs of at-risk youth, in the capacity of a mentor.

He/she is being considered for a mentoring relationship with an at-risk youth. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can. You may mail in this directly to us if you like, or you may send it completed with the potential mentor information.

How long have you known the potential mentor? _____ In what way? _____

Does he or she work well with others? _____

Does he or she tend to over-commit him or herself (get too involved)? _____

How would you rate him/her in reference to the following?

	Excellent	Good	Average	Poor	Unknown
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Good Communicator	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth? (Please Explain)

Your Printed Name: _____ Date: _____

Signature: _____ Phone #: _____

Attn: RPM Dept. NJ Youth ChalleNGe Academy, 5910 West 16th Street, JB MDL, NJ 08640

FOR RPM DEPARTMENT ONLY -
Reference Verified by RPM Staff: _____

Signature

Date

Mentors Reference (2)

_____ - Cadet's Name

(To be completed by someone who can attest to the character of the Mentor, *other* than the Cadet's parents)

_____ has applied for volunteer work with the New Jersey Youth
Mentor's Name
ChalleNGe Academy, which focuses on the needs of at-risk youth, in the capacity of a mentor.

He/she is being considered for a mentoring relationship with an at-risk youth. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can. You may mail in this directly to us if you like, or you may send it completed with the potential mentor information.

How long have you known the potential mentor? _____ In what way? _____

Does he or she work well with others? _____

Does he or she tend to over-commit him or herself (get too involved)? _____

How would you rate him/her in reference to the following?

	Excellent	Good	Average	Poor	Unknown
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for others	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Good Communicator	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth? (Please Explain)

Your Printed Name: _____ Date: _____

Signature: _____ Phone #: _____

Attn: RPM Dept. NJ Youth ChalleNGe Academy, 5910 West 16th Street, JB MDL, NJ 08640

FOR RPM DEPARTMENT ONLY -

Reference Verified by RPM Staff: _____

Signature

Date

Mentor Interview Form

Miles from Cadet _____ Relationship to Cadet _____

Previous experience with Youth _____

Why do you wish to become a volunteer with NJ Youth ChalleNGe (be specific)? _____

Have you mentored a Cadet for a previous NJ Youth ChalleNGe class? Yes No

If Yes, when did the cadet enter the program? _____
(month and year)

How would you rate your current Health? Poor Fair Good Excellent

Medication taken on a regular basis? Yes No (Please explain yes answers below)

Have you ever sought counseling/therapy or treatment for any reason? (explain, include dates)

Explain **present** use of alcohol/ illegal drugs (if any)? _____

Explain **prior** use of alcohol/illegal drugs (if any)? _____

Religious Affiliation _____ Other Volunteer Commitments _____

Describe driving record (include dates of offenses if any) _____

Have you ever been a victim of a crime? Yes No If yes, explain _____

Have you ever been involved in, investigated for, arrested and/ or convicted of a crime?

Yes No If yes, explain _____

List hobbies, interest and activities you enjoy? _____

What special skills or talents would you be willing to share _____

How long have you known the prospective cadet? In what way? _____

FOR RPM DEPARTMENT ONLY -
Form reviewed by: Signature/Date:



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
NEW JERSEY YOUTH CHALLENGE ACADEMY
BLDG 5910, WEST 16TH STREET
FORT DIX, NEW JERSEY 08640

PHILIP D. MURPHY
Governor
Commander-in-Chief

SHEILA OLIVER
Lieutenant Governor

☆
JEMAL J. BEALE
Brigadier General
The Adjutant General

Volunteer Liability Release

I, _____, am volunteering my services to the New Jersey Youth Challenge Academy. I understand and agree that I will be in contact with cadets of the NJ Youth Challenge Program and that I must exercise care in supervising and interacting with the cadets in my presence. I also understand and agree that I am not a NJ 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 New Jersey.

I understand that I am serving in a volunteer capacity and do not represent the NJ Youth Challenge Academy in any official capacity, and agree that I will not represent to any other party that I am a representative of the NJ Youth Challenge Academy.

I therefore agree that because I am not an employee of the NJ Youth Challenge Academy, I have no claim to wages, salary, or benefits, including but not limited to: unemployment compensation, workers' compensation, health insurance, life insurance, reimbursement for travel, or any other benefit or protection that may be claimed by a New Jersey state employee.

I further release NJ Youth Challenge Academy 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 volunteer agreement, whether such damage, loss or injury is caused by the negligence of NJ Youth Challenge, its officers, agents, employees or otherwise.

I understand and agree that all data provided to me pursuant to my volunteer relationship with the NJ Youth Challenge Academy shall remain confidential and will not be duplicated or disclosed to anyone outside of the NJ Youth Challenge Academy.

Volunteer Signature

Date

New Jersey Youth Challenge
Organization



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
NEW JERSEY YOUTH CHALLENGE ACADEMY
5910 WEST 16TH STREET
FORT DIX, NEW JERSEY 08640

PHILIP D. MURPHY
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JEMAL J. BEALE
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The Adjutant General

Safeguarding Confidential and Privacy Act- Protected Data

1. Purpose

The purpose of this policy is to set forth guidelines to ensure the safeguarding of confidential and Privacy Act – protected data within all New Jersey Department of Military and Veterans Affairs (DMAVA) locations and facilities.

2. Applicability

This policy applies to all state employees, contract employees, hourly employees, office, and agencies (to include volunteers, mentors, and contract workers) within the New Jersey Department of Military and Veterans Affairs (DMAVA) that handle, process, review, access, or store confidential or Privacy Act-protected information.

3. Policy

a. All individuals are prohibited from removing any confidential or Privacy Act- protected information, either electronic or hardcopy, from their primary work site to alternate work sites, their home of record, or any other location outside of department facilities that is not specifically authorized in the official performance of their assigned duties.

Individuals will take all physical security measures necessary to ensure that confidential information is not compromised while in transit or outside of an official work site.

Instances where exposure of confidential and/or Privacy-Act protected data could occur should be minimized to the greatest extent possible in the performance of required duties.

b. Individuals are further directed to ensure that all confidential and or Privacy Act-protected information is secured in a locked cabinet, office, or secure work area during any extended period that an individual is away from their work area and at the end of each work day.

Print Name

Date

Signature

New Jersey Youth Challenge
Organization