

BLUEGRASS CHALLENGE ACADEMY MENTOR APPLICATION

Every cadet at Bluegrass Challenge Academy **MUST** have a mentor to graduate the program. 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**.

- Cadet must have a mentor by week 6 or risk termination from the program.
- The mentor normally should be someone of the same sex.
- The mentor can not be a relative living in same household.
- 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.

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

We expect our mentors to:

1. Attend (1) Mentor Training Session, lasting (4) hours, time with cadet afterwards.
2. Weekly contact with the student while he/she is enrolled in the program during their Residential Phase (22 weeks). The primary method of communication with our students is letters/e-mails (to your assigned Post-Residential Advisor). Students do not have access to computers.
3. Be actively involved with helping the students establish viable Post-Residential Action Plan (P-RAP), future plans.
4. Assist the student in obtaining "Placement" by the time they complete their Residential Phase (employment, education, volunteer, military).
5. Upon completion of the Residential Phase, maintain monthly contact with your student (at least 4 times per month), during the Post-Residential Phase, which lasts 12-months.
6. Submit monthly reports detailing these contacts and the student's "placement", to the Post-Residential Department (due the 1st of each month).
7. Mentors are required to have as much contact with their student as possible via letters, phone calls, during Home Passes, during the Residential Phase. The goal is to establish or maintain a trusting relationship between you and your student. That way, when the student begins their "Post-Residential Phase", you will be able to support, encourage, and motivate him/her in making responsible decisions.
8. Mentors are required to commit to their student for a total of 17+ months (5 ½ month Residential Phase, 12-month Post-Residential Phase).
9. If after reviewing this information, and you cannot meet our mentor expectations, please inform the person you were going to mentor, so they can find another mentor quickly. If you have any additional questions or concerns, please contact the Post-Residential Department.

MENTOR APPLICATION CHECKLIST

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Do Not send a check or money order it is not required for Youth Challenge Volunteers

By typing my name in the boxes below I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature. Initials _____

**BLUEGRASS CHALLENGE ACADEMY
MENTOR APPLICATION**

Cadet Last Name: _____ First Name: _____ Middle Initial: _____

Mentor's Last Name: _____ First Name: _____ Middle: _____

Mailing 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: (____) _____ Driver's License # _____

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: _____

Date Interviewed: _____ Amp Signature _____

Please list Two (2) references:

Name: _____ Phone #: _____ Email _____

Date Verified _____ Staff Initials _____

Name: _____ Phone #: _____ Email _____

Date Verified _____ Staff 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 ____/____/20____

**BLUEGRASS CHALLENGE ACADEMY
MENTOR AUTHORIZATION TO RELEASE INFORMATION**

I, _____, hereby authorize the Bluegrass Challenge Academy, 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 Bluegrass Challenge Academy.

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 the Bluegrass Challenge Academy and its agents from liability and damage that may result from the exchange of requested information between law enforcement departments and the Bluegrass Challenge Academy.

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

_____/_____/20_____
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)

**BLUEGRASS CHALLENGE ACADEMY
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

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency/Wilderness)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

Other (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: _____
(first) (middle) (maiden/nickname) (last)

Sex: ___ **Race:** _____ **Date of Birth:** _____ **Social Security #:** _____

Date of Initial Hire: _____

Present Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



CENTRAL REGISTRY CHECK

**Cabinet for Health and Family Services
Department for Community Based Services
Records Management Section
275 East Main St., 3E-G
Frankfort, Kentucky 40621**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check Date

Witness Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

No reportable incident found in accordance with 922 KAR 1:470

Substantiated child abuse found on the registry Date of substantiated finding: _____

Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No

A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____