# KENTUCKY YOUTH CHALLENGE
# STUDENT APPLICATION

Rev. 8/17/2018

Thank you for your interest in Kentucky Youth Challenge Our classes begin every January and July. This is a chance of a LIFETIME!!

We accept applications on a first come first served basis we urge you to get your application submitted as soon as possible. The classes fill up very quickly please do not wait until the last minute.


Bluegrass ChalleNGe Academy
114 Conroy Ave. Bldg. 5549
Fort Knox, KY 40121
1-877-599-6884
http://www.bcachallenge.com
vicky.a.newton.nfg@mail.mil


Eligibility requirements for our program:

- 16, 17, or 18 years of age upon entry
- A youth who is failing in school or no longer attending school and who has not received a high school diploma or a GED
- No pending felony charges or felony convictions
- Resident of Kentucky
- Mentally and physically capable to participate in the program
- Volunteer to attend program
- Be free of illegal drugs (Candidates will be tested for drug use)
- Unemployed or underemployed

Directions and packing list will be forwarded after acceptance has been established to the program.

## Application Instructions-Read Carefully

If you have questions about filling out the application, please contact the Academy. We recommend that you keep a copy of your entire application.

NOTE – Application should not be signed until in the presence of an admissions coordinator

**Notary will be completed at your interview.**

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. Int. ___

**Do Not Send a check or Money Order with Central Registry Check**

## APPLICATION CHECKLIST

**Incomplete applicationswill not be accepted!**

3. Eminence Schools Statement

4-5. Applicant & Parent/Legal Guardian information sheet

6-7. Report of Medical History (Include documentation or explain questions 10 & 11)

8. Report of Medical History (Part 2)

9. Insurance Information

10. Legal Information (Law Violations)

11. Special Power of Attorney for the Authorization of Medical Care and Medical Expense Statement

12. Certificate of Understanding and Release of Liability

13. Acknowledgement of Legal Custody &Drug, Alcohol, Pregnancy and HIV Testing

14. Release of Information Form

15. Workers Comp, Privacy Act, Unauthorized Absence &Acknowledgementof App.

16. KentuckyYouth ChalleNGe Communicare Counseling Survey

17-24. Mentor Application and Central Registry Check * Do not send $10 check*

Copy of Official Birth Certificate (do not send original) Copy of Social Security Card (do not send original)

Copy of Immunizations/ Shot records (do not send original)

Copy of Front and back of Medical Insurance Card(s)

Tetanus needs to be up to date

(Meningacoccal) booster dose (Age: 16 years) and Hep A must be current

Copy of High School Transcript Must be on hand not later than Day 15

Dental work, eye exams, and medication needs should be taken care of before coming to Kentucky Youth Challenge.

* Prescription Medication will not be accepted if it is older than 30 days
* Do not send vitamins or over the counter medicine
* If applicant takes medication, he/she must come with a 30 day supply

# Vision

All children are worth fighting for, and Bluegrass ChalleNGe Academy (BCA) is an environment where a partnership between the Kentucky National Guard and Eminence Independent will foster the highest educational environment for the students attending.

## Educational Endeavor

Students enrolled in BCA receive educational services through Eminence Independent, a public school. Due to the nature of the program, online courses are the vehicle for educational instruction. Currently, EDGENUITY is the learning platform which is used and courses are assigned to the student that will help them gain credit during their time in the classroom.

## Educational Rights

The BCA Acceptance Board handles admission into BCA. Once a cadet is accepted to the program and meet the qualifications of BCA, the student is then eligible to have their educational needs met through Eminence Independent Schools. The students in attendance are attending a public school. Procedural safeguards and the law as pertaining to IDEA and ESSA are consistent at Bluegrass ChalleNGe Academy.

## Timelines

When students enter the National Guard Youth ChalleNGe Program, there is a 2 week "Acclimation Period" where cadets are readying their minds and bodies for the demands of behavior modifications that many will find beneficial. Students attending this program, have often had truancy or behavioral infractions at their schools previously attended. This highly structured program, builds character and helps to foster skill sets and tools that will help them to succeed in the real world. After the acclimation period ends, students are ready to begin their educational journey. At this point, classes begin and they become members of Eminence Independent School System for approximately 95 days.

## ARC Meetings and IEP Documents

Admissions Mentoring Placement Coordinators (AMP's) are the liaisons between families and BCA. It is important to let the AMP's know if your student has an active IEP and they currently receive services from the school district previously attended. These documents can be given to the AMP's to facilitate identification so once enrolled in Eminence Independent School, they can have the continuum of services met. If the student is from out of state, an ARC meeting will be held and an IEP developed. The previous IEP can be consulted by the special education staff to provide guidance on the services needed to best suit each child. Often, IEP's might have to be modified to specify the special education setting, the least restrictive environment, modifications, and special education services.

I have read and understand the above information:

_____ _____

Parent or Guardian Signature Date of Signature

## APPLICANT INFORMATION SHEET

Applicant's Information: Print Clearly and fill in ALL of the information

Today's Date:_____ Social Security#_____

Have you applied here before Yes ☐ No ☐ If Yes, when:_____

Last Name_____ First Name_____ MI_____

Date of Birth_____Age:_____ Gender: ☐ Male ☐ Female

Last Public School Attended_____

Last Day of Attendance_____ Highest Grade Completed_____

Are you employed? ☐ Yes ☐ No If Yes, Occupation_____

Ethnicity (Must Check One) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Black ☐ Hispanic ☐ White Religion_____

Married ☐ Yes ☐ No Number of Children_____

Are you currently free from illegal drugs and/or alcohol: ☐ Yes ☐ No

Applicant's Contact Information

Home Phone_____Email_____

Address_____

City_____ County_____ State_____

Zip_____

**Please provide a copy of the applicants High School Transcript and Official Withdrawal Form after he/she is withdrawn from school.**

I certify that_____(applicant) is not a high school graduate, does not have an alternative certificate or GED, and is no longer attending school_____(initial) or the last day of attendance will be_____(date)_____(initial).

## PARENT/LEGAL GUARDIAN INFORMATION SHEET

**Parent/Guardian Information**

A.

**Relationship to Applicant:** _____

**Last Name**_____ **First Name**_____ **MI**_____

**Home Phone**_____ **Work Phone**_____

**Cell Phone**_____ **Email**_____

**Address**_____

**City**_____ **County**_____ **State**_____

**Zip**_____

**Is this Person Authorized for pickup?** ☐ **Yes** ☐ **No**

**Legal Guardian?** ☐ **Yes** ☐ **No** **Emergency Contact?** ☐ **Yes** ☐ **No**

B. **Relationship to Applicant:** _____

**Last Name** _____ **First Name** _____

**Home Phone**_____ **Work Phone**_____

**Cell Phone**_____ **Email**_____

**Address**_____

**City**_____ **County**_____ **State**_____

**Zip**_____

**Is this Person Authorized for pickup?** ☐ **Yes** ☐ **No**

**Legal Guardian?** ☐ **Yes** ☐ **No** **Emergency Contact?** ☐ **Yes** ☐ **No**

# REPORT OF MEDICAL HISTORY

Last Name_____ First Name_____ MI_____

**ANSWER ALL QUESTIONS, PUT N/A IF NOT APPLICABLE FAILURE TO DISCLOSE KNOWN ISSUES COULD RESULT IN DENIAL OF ENROLLMENT OR TERMINATION IF IDENTIFIED AT A LATER TIME.**

1. Statement of Health: Good ☐ Fair ☐ Poor ☐

Explain_____

2. Current Medication(s)

| Name | Dose | Time(s) Given |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. In the past two years, has the applicant taken any type of medication that he/she no longer takes (DO NOT include over-the-counter medication & antibiotics that he/she is no longer taking)
Yes ☐ No ☐
If Yes, list what type and why the applicant stopped taking the medication:_____
_____

4. Allergies (INCLUDE INSECT BITES, COMMON FOODS, AND MEDICATIONS)_____
_____

5. Ht._____ Wt._____ Eye Color_____Hair color _____

6. Physician Name:_____ Phone:_____

7. Psychiatrist/Psychologist Name:_____ Phone:_____

8. Dentist Name:_____Phone:_____Last Exam: _____

9. Braces? ☐ Yes ☐ NO Orthodontist Name and Ph#_____

10. Have you ever been hospitalized for an illness or injury ☐ Yes ☐ No

If so; when, where, and why? _____

*11. Have you ever consulted or been treated by a psychiatrist, psychologist, therapist, and/or counselor? ☐ Yes ☐ No

If yes, please choose one: ☐ Comp Care ☐ Private Practice ☐ Other

Name/Phone Number:_____

Reason: _____

*12. Have you been hospitalized in the last 12 months for any illness, injury, and/or mental disorder? ☐ Yes ☐ No If yes: Date:

Reason:_____

**13. Have you had a broken bone in the last 6 months? ☐ Yes ☐ No

If yes: Date:

If so, describe what happened: _____

14. Glasses? ☐ Yes ☐ No Optometrist Name and Ph#_____

15. Has the child ever threatened or attempted suicide? ☐ YES ☐ NO

When did this occur?_____

Did the child recieve treatment? YES ☐ NO ☐

***Note: If you answered "YES" questions 12 and 13, and it has been in the last 12 months, all records must be sent with your application**

****If you answered yes to question 14 you must provide a doctor's release with your application**

# REPORT OF MEDICAL HISTORY

Last Name:_____First Name_____ MI_____

CHECK ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED. IF YOU CHECK ANY ITEM, PUT THE YEAR THAT THE CONDITION OCCURRED NEXT TO THE CONDITION

If this is a current condition, write **CURRENT** next to the condition**. Failure to disclose known issues could result in denial of applicant and termination of cadet if identified at a later date.**

- ☐ Thyroid trouble/goiter
- ☐ Bone/joint deformity
- ☐ Skin disorders
- ☐ Sinusitis/hay fever
- ☐ Tumor/cyst/cancer
- ☐ Lameness or neuritis
- ☐ Nervous disorder
- ☐ Bi-Polar
- ☐ Broken bones
- ☐ Rupture/hernia
- ☐ Rectal disorder
- ☐ ADD/ADHD
- ☐ Coughed up blood
- ☐ Anemia/Sickle Cell
- ☐ Attempted suicide
- ☐ Leg/feet cramps
- ☐ Recurrent back pain
- ☐ Knee/Back brace
- ☐ Head injury
- ☐ Swollen Joints
- ☐ Bedwetting
- ☐ Scarlet/Rheumatic fever
- ☐ Eye/ear/nose/throat trouble
- ☐ Frequent indigestion
- ☐ Pregnant at this time
- ☐ Paralysis
- ☐ Nose bleeds
- ☐ Behavior Disorder
- ☐ Stomach/intestinal
- ☐ Epilepsy/seizures/fits
- ☐ Gall bladder trouble
- ☐ Jaundice/hepatitis
- ☐ Motion Sickness
- ☐ Bleeds easily
- ☐ Arthritis/rheumatism
- ☐ Recent gain/loss of weight
- ☐ Liver disorder/disease
- ☐ Frequent trouble sleeping
- ☐ Diabetes/hypoglycemia
- ☐ Had 1 or more children
- ☐ Eating Disorder
- ☐ Unconsciousness
- ☐ Sleepwalker
- ☐ Tuberculosis
- ☐ Adverse reaction to medication
- ☐ Chronic colds or coughs
- ☐ Depression or heavy weeping
- ☐ Painful knee/shoulder/elbow
- ☐ Obsessive Compulsive Disorder
- ☐ Oppositional Defiant Disorder
- ☐ Sexually Transmitted Disease
- ☐ Asthma/shortness of breath
- ☐ Treated for female disorders
- ☐ Severe tooth or gum trouble
- ☐ Change in menstrual cycle
- ☐ Painful/frequent urination
- ☐ Dizziness/fainting spell
- ☐ Palpitation/pounding heart
- ☐ Kidney stone/blood in urine
- ☐ Frequent/severe headaches
- ☐ Loss of finger/toe/arm/leg
- ☐ Sugar/albumin in urine
- ☐ Heart trouble/murmur
- ☐ High/low blood pressure
- ☐ Speech Impairment
- ☐ Hearing Impairment
- ☐ Adoption Issues
- ☐ Sexual Promiscuity
- ☐ Self-Mutilation/Cutting
- ☐ Low Self Esteem
- ☐ Discipline Problem
- ☐ Withdrawn
- ☐ Academic Problems
- ☐ Gaming/Internet Addiction
- ☐ Moody
- ☐ Bullying
- ☐ Feeling of Guilt
- ☐ Anger/Rage
- ☐ Socialization Issues
- ☐ Phobias
- ☐ Sibling Rivalry
- ☐ Uncontrollable Fears
- ☐ Uncontrollable Behavior
- ☐ Severe Tantrums
- ☐ Difficulty Focusing
- ☐ Identity Crisis
- ☐ Difficulty with Decisions

## INSURANCE INFORMATION

**Insurance Information: Include copy of front and back of insurance card.**

### Medical

Name of Insurance Company:_____

Subscriber's Name:_____

Subscriber's birthday:_____

Subscriber's place of work:_____

Insurance Company Address:_____

Insurance Company Phone:_____

Identification Number:_____

Group Number:_____

### Pharmacy

FSA Card ☐ HRA Card ☐ Pharmacy Card ☐

Card #_____ ID #_____ RX Group #_____

PCN #_____ RX Bin #_____ Pharmacist Call #_____

### Dental

Dental Insurance Company Name:_____

Dental Insurance Phone:_____

Dental Insurance ID:_____

### Vision

Vision Insurance Company Name:_____

Vision Insurance Phone:_____

Vision Insurance ID:_____

# LEGAL INFORMATION

Last Name:_____First Name:_____MI_____

1. Have you ever been arrested and/or charged with a crime? ☐ Yes ☐ No
   If you answered "No", go to the next page

2. If you answered "Yes" to question #1, please complete the following:

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

Date:_____

Place of Offense: City_____County_____State_____

Offense/Violation:_____ Misdemeanor ☐ Felony ☐

Name & Location of court:_____

Penalty Imposed/Disposition_____

CDW: Name_____Phone_____

3. Are you Currently awaiting a hearing or sentencing? Yes ☐ No ☐

4. If you are awaiting a hearing or sentencing, what is the scheduled date/time and city/county?

Date_____Time_____City_____County_____

# SPECIAL POWER OF ATTORNEY AUTHORIZING MEDICAL CARE & EXPENSES (TO BE NOTARIZED)

## Appointment of Attorney-in-Fact for Obtaining Health Care

That I_, as parent/legal guardian of _____ Guardian (or Applicant if 18 years of age)
(Applicant's Printed Frist and Last Name)

A Cadet of the Kentucky Youth Challenge Academy, appoint the Kentucky Youth Challenge Academy, and its authorized agents, as my attorney-in-fact for purposes of obtaining health care; medical treatment; and /or psychological treatment for the benefit of the cadet.

**Authorization for Treatment by Youth ChalleNGe Academy Medical Staff** – Specifically, I acknowledge the medical staff at Kentucky Youth ChalleNGe Academy consists of a Registered Nurse, a Licensed Practical Nurse and a contracted Medical Director. Determinations regarding appointments, administering treatments, medications, approved diagnosis and all other actions approved by the Medical Director will be carried out by the nursing staff in accordance with the laws of the State of Kentucky.

**Authorization for Treatment by Medical Care Providers** – Further, I specifically authorize Kentucky Youth ChalleNGe Academy to act in loco parentis for the cadet to obtain the medical care and medical treatment deemed advisable or necessary to benefit and/or maintain the health of the cadet. I intend for the Kentucky Youth ChalleNGe Academy to perform any and all acts as fully to all intents and purposes as I might or could if were personally present: to authorize and provide for the care, maintenance, well-being and health including, but not limited to, authorizing any and all medical and hospital care and treatment, regardless of whether on an emergency basis, including major surgery deemed necessary by a duly licensed staff physician at any hospital whether within or without the territorial limits of the State of Kentucky.

**Authorization for Distribution of Medication by Youth ChalleNGe Cadre** – Further, I specifically authorize Kentucky Youth ChalleNGe Academy Cadre, under the instruction and supervision of Kentucky Youth ChalleNGe medical staff, to distribute over-the-counter and prescription medications to the cadet in accordance with those times and dosages set forth by the prescribing practitioner and/or the medical staff of the Kentucky Youth ChalleNGe Academy.

**Intent to Hold Harmless** – It is my intent that the Kentucky Youth ChalleNGe Academy and its lawful agents, cadre, the medical facility and any doctors, nurses and other medical personnel involved in providing care or advice shall have no civil or criminal liability for honoring my wishes as expressed in this designation or for implementing the decisions of my attorney-in-fact.

**Medical Expense Statement of Understanding**- I acknowledge the Kentucky Youth ChalleNGe Academy **DOES NOT** pay for medical expenses incurred by the cadet if the injuries/illnesses are caused by cadet participating in a non-sanctioned Youth ChalleNGe activity and I acknowledge and agree I, as the parent/legal guardian, regardless of insurance coverage, am responsible for all medical and psychological expenses, to include all co-payments, deductibles, and all non-covered expenses. The Academy will provide physician; hospital or pharmacy needs with the appropriate insurance information or Medical or Medicaid coverage.

### Durable Power of Attorney – Date of Expiration

I intend for this Appointment of Attorney-in-Fact for Obtaining Health Care to be a Durable Power of Attorney and to remain in effect if I become disabled, incapacitated or incompetent. **This Appointment of Attorney-in-Fact shall remain in effect form the_____day of_____20 ___**
**Until the cadet graduates from the Academy or is released for the Academy.**

| _____ | _____ | _____ |
|---|---|---|
| **Applicant Signature** | **Applicant Printed Name** | **Date** |
| _____ | _____ | _____ |
| **Parent/Legal Guardian Signature** | **Parent/Legal Guardian Printed Signature** | **Date** |

State of Kentucky, County of _____

Before me, a Notary Public in and for the State of Kentucky, personally appeared the above person(s) personally known to me and proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to this document and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity. IN WITNESS THEREOF, I have affixed my signature hereto this_____day of_____, 20_____.

| _____ | _____ |
|---|---|
| **Signature of Notary Public** | **Printed Name of Notary** |

A resident of _____ Please Place Stamp/Seal here:

My Commission Expires: _____

## CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY

*If the applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I,_____applicant/parent or guardian of,

_____with the Challenge Academy, hereby certify:

1. That I permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes course, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events and travel in and outside of Kentucky in various types of vehicles. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the 17 ½ month duration of both Residential and post-Residential program.

2. That the Academy has my permission to release photographs of my child to the media and non- confidential information of my child to the same for publicity purposes.

3. That the Academy has permission for my child to participate in the GED, SAT, ACT, ASVAB, TABE or any other academics related to test.

4. That I give my permission for my child to receive counseling services from the Kentucky Youth Challenge personnel. Services may include mental health and/or substance abuse counseling, and psychological/educational tests.

5. If my child becomes a danger to himself/herself, I hereby give my permission for the personnel to take necessary measures to maintain his/her safety which may include a referral for psychological evaluation and/or hospitalization.

6. That the Academy's policies and procedures have been explained to me and I understand what the Academy will attempt to do.

7. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

8. I Understand that as a Credit Recovery participant, should my child resign or be terminated no credit earned will be awarded.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of Kentucky, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of Kentucky National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

*The applicant is 18 years of age and has signed this form personally.

Signature:_____Date:_____

## ACKNOWLEDGEMENT OF LEGAL CUSTODY
## DRUG, ALCOHOL, PREGNANCY TEST ACKNOWLEDGEMENT

In the event that the undersigned is a Parent of the Applicant, rather than a Guardian, then it is hereby agreed that a copy of the Applicant's Birth certificate shall suffice as proof of same.

In the event that the undersigned is a Guardian rather than a Parent of the Applicant, then said Guardian hereby agrees to attach hereto any documentation (i.e., court order, probated will, etc.) necessary to prove guardianship of Applicant.

*If the applicant is 18 years of age he/she should enter their own name on the first line and enter "N/A" on the second line.

I,_____, applicant/parent/legal guardian of

_____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol at the end of Pre-Challenge.

I also understand that my daughter will be tested for pregnancy during the course of the in-take physical and may be tested any time deemed necessary during the course of the program.

I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, pregnancy.

I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.

*The applicant is 18 years of age and has signed this form personally.

Signature:_____ Date:_

# Goals and Objectives

- Students Goals and Objectives of attending BCA

  1.

  2.

  3.

- Parent/Legal Guardian Goals and Objectives of candidate attending BCA

  1.

  2.

  3.

- What do you wish to accomplish by graduating BCA?

_____ _____

Parent/Legal Guardian Signature Candidate Signature

## RELEASE OF INFORMATION LETTER

Last Name:_____First Name:_____ MI:_____

Social Security #_____ DOB:_____

I consent for the release of the information requested below from the staff at the Challenge Academy.

Parent/Legal Guardian's Signature_____

Date_____

**(This authorization shall remain effective from one year from date of signature)**

**ACADEMY USE ONLY**

**********

The LEGAL GUARDIAN hereby authorizes release of the following information records to Kentucky Youth Challenge:

- Intake, psychological, psychiatric evaluations
- Medical History/Record
- Substance Abuse (alcohol/drug abuse)
- Psychological Testing
- Other

Juvenile Court Records

- Penal Institution
- Treatment notes and summaries
- School records (IEP reports, etc.)

To: (Name/Title)_____

Agency: _____

Address: _____

City:_____State:_____Zip:_____

**I consent to the release to provide essential background information to assess the needs of the cadet requiring assistance in counseling and to coordinate or facilitate social/community services.**

CHALLENGE ACADEMY REPRESENTATIVE DATE

_____ _____

# CHALLENGE ACADEMY

## WORKERS COMPENSATION STATUS

All Cadets are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law. They shall be considered federal employees for the purposes of compensation for work related injuries, or relating to the liability of legal conduct of employees of the United States. No Cadet will be considered to be in performance of duty while not at the assigned location of training or other activity authorized by the program agreement except while the Cadet is traveling or is on a pass or any other activity. All Cadets when receiving benefits for disability or death, the monthly pay that is received will be under the salary for a grade GS-2 federal employee. Further Cadets must understand the entitlement to receive compensation for disability will begin on the day following the date the person's participation terminates from the program.

## 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."

## UNAUTHORIZED ABSENCE

"I understand that all Kentucky Youth Challenge participants are there as volunteers and regardless of the training location agree to follow the rules and guidelines of the program and the instructions of staff supervising their activities. I understand that every effort of the supervising staff is intended to insure cadets operate in a safe, secure and managed environment. I understand that if my child chooses to absent himself from planned activities, there is little the program can do to absolutely prevent this type of behavior. I also understand that immediately upon any action my child takes to absent themselves from program activity or supervision without proper authority; I absolve Kentucky Youth Challenge of any liability due to this action. I understand Kentucky Youth Challenge will take immediate steps to locate my child once the absence is identified, and will process a missing person's report with all local authorities and notify me at this point. I also understand that any participant who is absent without proper authority for more than 24- hours may be terminated from attendance.

## ACKNOWLEDGEMENT OF APPLICATION

I have read and understand all pages of the application. I hereby agree that all information is true and complete to the best of my knowledge. I understand that if the application is not complete, the applicant will not be accepted. I also understand that if I willfully mislead or fail to disclose all necessary information it will cause denial of the application.

Applicant Signature_____ Notary ID number_____

Parent/Legal Guardian Signature_____ Notary Signature_____

Date_____ Date_____

## Permission to Obtain/Release Confidential Information

Name of Client:_____ Date of Birth:___/___/___

I hereby give consent to WellFront RS to exchange pertinent and relevant information with the **Bluegrass Challenge Academy**.

Name: Kentucky National Guard/Dept.of Military Affairs

Street: 114 Conroy Ave, Bldg 5549

City/State/Zip: Fort Knox, KY 40121 Phone: 877-599-6884 Fax: 502-624-1300

Information obtained may include (check all that apply):

- ☐ Clinical Impressions and Records
- ☐ Academic Records (cumulative records, report cards, standardized test scores, etc.)
- ☐ Health Records
- ☐ Special Education Records/504 Plan Records (IEP, 504 Plans, PPT/Student Study Team minutes, evaluations)
- ☐ Psychiatric Evaluations
- ☐ Psychological Evaluations
- ☐ Social Work Evaluations
- ☐ Educational Evaluations
- ☐ Speech and Language Evaluations
- ☐ Other Evaluations (vocational, occupational, etc.)
- ☐ Other _____

Client/Parent/Guardian Signature:_____

Print Name:_____

Relationship to Client:_____

Date: _____

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## KENTUCKY YOUTH CHALLENGE

## MENTOR APPLICATION

Every cadet attending Kentucky Youth Challenge 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 5 or risk termination from the program.
- The mentor normally should be someone of the same sex.
- The mentor can not be a relative who resides in same residence.
- 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.

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

- Mentor Application
- Mentor authorization to Release Information
- Mentor Position Description
- Mentor Liability Release
- Mentor must provide legible copy of DL

# 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: _____ Drivers Liscense#:_____

E-Mail:_____ **SS #_____ DOB_____

**(**Social and Driver's License #'s are 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 swingshift,etc

Date Interviewed:_____ Amps Initials:_____

Please list Two (2) references:

Name:_____ Phone #: _____

Date Verified_____Amps Initials_____

Name:_____ Phone #: _____

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 YOUTH 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

08/18/2017

- **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 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)_____

**KENTUCKY YOUTH CHALLENGE**
**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_____

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(R. 1/18)
922 KAR 1:470

**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:** BlueGrass Challenge Academy

**ADDRESS:** _____ **CITY**: _____

**STATE:** _____ **ZIP:** 40121 **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** _____

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