



DEPARTMENT OF MILITARY AFFAIRS
KENTUCKY NATIONAL GUARD YOUTH CHALLENGE DIVISION
APPALACHIAN CHALLENGE ACADEMY
465 GRAYS DRIVE, PO BOX 539 GRAYS KNOB, KY 40829
Phone: (606) 574-0303 Fax: (606) 574-0362
Toll Free: 1-855-596-4927
www.ChalleNGeACA.com



MENTOR APPLICATION

Every cadet attending Kentucky Youth ChalleNGe **must** have a mentor. 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 guardian may make suggestions, but the decision should be yours.

Mentor qualifications:

- Be at least 21 years old.
- Be of the same sex (exceptions may be permitted)
- Not live in the same household with the cadet.
- Should live in the same general area as the cadet.
- **Cannot** be a mother, father, sister, brother, or guardian.
- **May** be a grandparent, uncle, aunt, cousin or friend, school employee, minister, etc.
- Has **never** been convicted as a sex offender or facing pending charges.
- Does **not** have a felony record or pending charges.
- Is **not** alcohol or drug dependent.

A background check will be requested and paid for by the ChalleNGe Academy.

Duties of a Mentor (Short Overview):

- Attends a minimum 4-hour Mentor Training Class (at a regional location) to learn the **Keys to Mentoring Success**.
- Serves as a role model and friend to the cadet and helps the cadet to stay on track to obtain his/her goals after graduation.
- After graduation, makes regular contact with the cadet. Ideally, the goal is 4-contacts a month with one contact being personal (fact-to-face). Other contacts may be by any form of the social media. (Purpose of the contacts is so the mentor can keep up with the cadet's progress and lend encouragement and direction.)
- After the cadet graduates, prepares and submits a monthly report on the cadet's progress to the Case Workers. (Part of the 4-hour training will include how to prepare and submit the report.)
- The mentoring formally ends 12-months after the cadet graduates.

For more information or to answer your questions, contact Joe Warren, 606-643-5959 or Rusty Bailey, 606-344-2900.

- Page 2-Mentor Personal Information.
- Page 3-Mentor Authorization to Release Information.
- Page 4-Mentor Position Description.
- Page 5-Mentor Liability Release.

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

Position Summary:

- The mentor serves as a role model, friend, and adviser to the cadet for 12 months after the cadet graduates.
- The mentor works with only one cadet unless approved by the academy director.

Responsibilities:

- Attends a minimum 4-hour mentor training class (at a regional location) to learn the **Keys for Mentoring Success**
- Submits monthly mentor reports promptly to the case manager. Part of the 4-hour training session will include how to prepare and submit the report and why the reports are required.
- Makes regular contact with the cadet. Ideally, the goal is 4 contacts a month with one contact being personal (face-to-face). Other contacts may be by any form of social media. Purpose of the contacts is so the mentor can keep up with the cadet's progress and lend encouragement and direction if needed.
- If a face-to-face contact is not possible, uses any form of social media for all contacts.
- Works with the cadet to help him achieve the goals he has outlined for himself in the Post Residential Action Plan (PRAP).
- Informs the case manager if the cadet is not cooperating or otherwise having problems.
- Refers the cadet to community resources as needed and helps the cadet obtain those resources
- If possible, plans activities with the cadet that will be of interest to both the cadet and mentor. The activities need not be expensive.
- Treats information shared by the cadet confidentially.

All the above-listed items will be explained in more detail during the training sessions.

I have read the Position Description for a Mentor and agree to adhere to the requirements to the best of my ability as indicated 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

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):
Department of Military Affairs

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

A check or money order made payable to the "Kentucky State Treasurer" in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment. Mail check or money order and this completed form to:

**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: Appalachian ChalleNGe Academy
ADDRESS: PO Box 539 **CITY:** Grays Knob
STATE: Kentucky **ZIP:** 40829 **PHONE:** (606) 574-0303

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** _____