

Checklist for Mentor Application Process

Dear Prospective Mentor,

Thank you for agreeing to become an applicant for the MYCA mentoring program. Please use the following checklist to insure that all paperwork is completed and returned to MYCA. Please note that you will be contacted by MYCA for a phone interview in February 2019.

____Mentor Application (3 pages)

____Mentor Position Description

____Mentor Liability Release Form

____Mentor Information Release Form

Recommendation Forms (**Note: The two recommendation forms at the end of the packet are about the mentor who is applying, not the student.**)

____ I have given the recommendation forms to two people and they have recommended me to become a mentor. These forms are completed and are included with the above listed paperwork. **OR**

____ I have asked two people to recommend me to become a mentor. These people will fax or send the recommendations using the self addressed envelope provided.

I have read all the materials provided in the Prospective Mentor packet and have completed the above forms and enclosed them in the envelope provided.

(Print Mentor Name)

(Print Cadet Name)

Send, fax, or e-mail to:

**Michelle Nelon
790 E. Cornell St.
Dillon, MT 59725**

Fax #: (406) 683-7564

michelle.nelon@mt.gov

If you have any questions, please feel free to contact Michelle Nelon, Post Residential Coordinator, at michelle.nelon@mt.gov or (406) 683-7512.

Mentor Criteria

Each MYCA student must return 2 completed applications from prospective Mentors.

The following is the criteria to be used in selecting your prospective Mentors for the 14 Month Post-Residential Program.

1. Mentors should be of the same gender as the Candidate; however cross gender mentors may be allowed on a case-by-case basis.
2. Mentors must be at least 21 years old.
3. Mentors and cadets must be in reasonable geographic proximity (geographic proximity is defined as distance acceptable to both the mentor and cadet).
4. Mentors may **not** be a member of the immediate family (parents, significant other of parents, siblings, or members of the same household may **not** be mentors). Mentors may be aunts, uncles, or grandparents or boyfriends/girlfriends of the parent.
5. Mentors must consent to a criminal history background check.
6. A person convicted of a felony may be eligible to be a mentor, depending on the offense and how much time has passed since the fault was committed. These situations are reviewed on a case-by-case basis.
7. Mentors must stay in weekly contact with cadet for 14 months.
8. Mentors must be able to attend a 1 day mentor training session, held in Dillon at the program site.
9. Mentors must send in a monthly report that recaps contacts between them and the cadet and verifies placement of the cadet.
10. Mentors must be willing to correspond with the cadet while in the Residential phase by writing letters of encouragement.

We will select the nominee after screening all mentor applicants, and the match will be made before or during the 13th week of the residential phase. We have attached a worksheet to help you find sources for mentor nominees.

If you have any questions regarding the mentoring program, please contact:
Michelle Nelon at 406-683-7512 or via e-mail at michelle.nelon@mt.gov

(Please Print) Cadet name wishing to mentor (if known) _____

Montana Youth ChalleNGe Academy Mentor Application

1. Full Name _____ Age _____ Date of Birth _____ Gender _____

2. Were you a previous mentor for MYCA? Yes No

3. Ethnicity: American Indian Alaskan Native Asian Black Hispanic White Other

4. Number _____ Street _____ Apt. No. _____ City _____ State _____ Zip _____ Home Phone No. _____ (____) _____

5. Mailing Address (if different from home address):

Number _____ Street _____ City _____ State _____ Zip _____

Cell Ph#: _____ Email: _____

6. Marital Status _____ Spouse's Name: _____ Age _____

7. Children Name _____ Age _____

Name _____ Age _____

8. Occupation _____

Employment Status: Full Time Part Time Retired Deployed Temporary Unemployed

Present Employer _____ Business Phone No. (____) _____

Address _____

Immediate Supervisor _____

9. List other employment for the past 5 years (most recent first).

Position	Employer	How Long Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

10. Religious Affiliation _____ Other Volunteer Commitments _____

11. How many times have you moved in the past 5 years? _____

12. List past residences (most recent first). _____

Address	City/State	How Long There
_____	_____	_____

13. Education: High School _____ Years Attended _____ Graduate _____ Year _____

College/Univ. or Tech. Training _____ Years Attended _____ Degree _____

14. Past experience with children/youth: _____

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

16. Health: Poor _____ Fair _____ Good _____ Excellent _____

Any physical limitations or special concerns? _____

17. Do you have a history of physical abuse? _____

Date(s) _____

Describe: _____

18. Explain your present use of alcohol or any other drugs. _____

19. Explain your past use of alcohol or any other drugs. _____

20. Do you have your own transportation? Yes _____ No _____

If no, do you have access to transportation? Yes _____ No _____ Describe _____

21. Please describe your driving record and offenses. _____

22. Do you have current auto insurance? Yes _____ No _____ State _____

23. Have you ever been a victim of a crime? Yes _____ No _____

If yes, please explain. _____

24. Have you ever been involved in, investigated for, arrested and/or convicted of a crime? Yes _____ No _____

When? _____

Explain _____

25. Are you or your spouse a MYCA employee? Yes _____ No _____

26. Are you a member of the prospective cadet's immediate family or a member of the same household? Yes ___ No ___

27. List two references. (Preferably one present or past employer and one personal reference you have known at least 2 years).

(1) Name _____ Relationship _____

Address _____ Work Phone () _____

Home Phone () _____

(2) Name _____ Relationship _____

Address _____ Work Phone () _____

Home Phone () _____

28. Please list interests, hobbies, and activities you enjoy. _____

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

30. Please recommend others who might be interested in becoming mentors (optional):

Name _____ Address _____

_____ Zip Code _____ Home Phone () _____ Work Phone () _____

Name _____ Address _____

_____ Zip Code _____ Home Phone () _____ Work Phone () _____

31. Any further information or questions you may have: _____

Mentor Training is a requirement and will be held at the University of Montana Western in Dillon. Please check which Mentor training you will attend. You only need to attend one of the training sessions listed below. You will spend 4 hours with your cadet during Mentor Training.

_____ **Saturday, March 9, 2019**

OR

_____ **Saturday, March 16, 2019**

This information is true and accurate to the best of my knowledge.

**** Signed _____ Date _____**

Position Description—Mentor

Position Summary The mentor serves as a role model, friend and advocate to a Cadet for at least 14 months (2 months while in program; 12 months after Residential Phase)

Working • Reports to Post Residential Department

- Mentors one Cadet

Duties • Commits to spending at least 14 months in consistent contact with a Cadet. (Letter- writing and phone calls during the Residential phase)

Responsibilities

- Returns completed screening materials promptly.
- Spend a day at the program site for training and participating in activities with the Cadet.
- Assists the Cadet with the Post Residential Action Plan development and discusses his or her progress in the PRAP.
- Makes 4 monthly contacts with the Cadet by phone, mail, or in person during the Post Residential phase. At least two of these must be face to face during the Post-Residential Phase, when possible.
- Observes all Academy policies and guidelines for mentors. Discusses violations of policies by Cadets with the Case Manager/Mentor Coordinator.
- Refers the Cadet to community resources as needed and helps the Cadet obtain those resources.
- Participates in a community service project with the Cadet before graduation (if required for that Class).
- Visits Cadet at ChalleNGe site during Residential phase, only if able.
- Shares occasional informal and fun activities with his or her Cadet. The Mentor and Cadet will jointly select and schedule the activities.
- Communicates at least monthly by phone and mail with the Case Manager/Mentor Coordinator. The mentor promptly informs the Coordinator of problems or needs in the Cadet's life or in their relationship.

Mentor Prospect Name: _____
(Print)

Mentor Prospect Signature: _____

Cadet Name: _____

Date: _____

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 Academy 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 _____.

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 Name (Print): _____ Cadet's Name: _____

Mentor's Signature: _____

Date: _____

FOR OFFICE USE

- () Sent to mentor with acceptance letter
- () Signed at pre-match session

Attach to signed Mentor-Cadet Agreement

Mentor Authorization to Release Information

I, _____, hereby authorize the Montana Youth ChalleNGe Academy, along with the law enforcement departments, to conduct whatever 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 Academy.

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

Full name _____ Ethnicity _____

Any other name used _____

Date of birth _____ Gender _____

Place of birth _____

Social Security number (Needed to run background check) _____

Length of time lived in this state _____

State where you used to live _____

Signed _____

Dated _____

To Be Completed by Law Enforcement Agency

This individual is: _____ clear _____ not clear

MENTOR RECOMMENDATION (Not about Student)

Mentor Name: _____

The above named individual is being considered as a mentor for a student at the Montana Youth Challenge Academy. Please help us learn whether this person is suited to be a mentor. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence. Please complete and return to the Mentor or Michelle Nelon (contact information listed below) as soon as possible.

How long have you known applicant? _____ In what way? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Does he/she have a tendency to over commit him/herself? Get too involved? _____

How would you rate him/her so far as the following are concerned?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Reachable (returns calls, emails, etc.)	_____	_____	_____	_____	_____

Other Comments: _____

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

(Explain) _____

Name: (Please Print) _____

Signature: _____ Date: _____

Home/Cell Phone () _____ Work Phone () _____

(Use the back of this form if more room is needed.)

Name of Student: _____

MENTOR RECOMMENDATION (Not about Student)

Mentor Name: _____

The above named individual is being considered as a mentor for a student at the Montana Youth Challenge Academy. Please help us learn whether this person is suited to be a mentor. We would be grateful if you would answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence. Please complete and return to the Mentor or Michelle Nelson (contact information listed below) as soon as possible.

How long have you known applicant? _____ In what way? _____

Does the applicant have a good home relationship? _____

Does he/she work well with others? _____

Does he/she have a tendency to over commit him/herself? Get too involved? _____

How would you rate him/her so far as the following are concerned?

	Excellent	Good	Average	Poor	Unknown
Personal habits	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for those in need	_____	_____	_____	_____	_____
Completes commitments	_____	_____	_____	_____	_____
Emotional stability	_____	_____	_____	_____	_____
Receives constructive criticism	_____	_____	_____	_____	_____
Reachable (returns calls, emails, etc.)	_____	_____	_____	_____	_____

Other Comments: _____

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

(Explain) _____

Name: (Please Print) _____

Signature: _____ Date: _____

Home/Cell Phone () _____ Work Phone () _____

(Use the back of this form if more room is needed.)

Name of Student: _____

When complete please email this to michelle.nelson@mt.gov fax to 683-7564 or mail to Michelle Nelson at 790 E. Cornell St. Dillon, MT 59725