



Today's ChalleNGe...Tomorrow's Success

MENTOR APPLICATION PACKET

Texas Challenge Academy - Admissions
2200 W. 35th Street
Camp Mabry, Bldg 31
Austin, Texas 78703

1-877-822-0050

TCA-MENTOR 1 – MENTOR INFORMATION

NAME OF STUDENT YOU WOULD LIKE TO MENTOR: _____

PROSECTIVE MENTOR INFORMATION

MENTOR NAME: _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth _____				
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widow

RACE:	<input type="checkbox"/> White (Not of Hispanic Origin)	<input type="checkbox"/> Black	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/ Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Other/Multi-Racial

ADDRESS:		
Street _____	Home Phone: _____	
City _____	Cell Phone: _____	
State _____ ZIP CODE _____	Email: _____	
How long have you been a resident of Texas? _____ Years _____ Months		
What other states have you lived in during the last ten years? _____		
Are you related to this youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how: _____	
Do you speak more than one language? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what language(s) _____		

Employer Name: _____	Employer Phone: _____		
Address _____	City _____ State _____ ZIPCODE _____		
Job Title _____	Dates of Employment: From _____ To _____		
Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed

What are your interests and/ or hobbies? _____

If this match does not work out, would you consider mentoring another youth from your area? Yes No

TCA-MENTOR 2 – MENTORING AGREEMENT

PURPOSE: This document must be signed in the presence of the youth applicant and the primary mentor applicant. This agreement provides the essence of why you are entering into this mentoring relationship. As a volunteer mentor prospect, you should know that your application and eventual training does not guarantee your youth will be accepted into the program, or will complete the program if they are accepted. Entering the mentor screening process through application and training will nonetheless send a very strong message to the youth that you care for his/her future and success. Official mentoring will start from the “match” as designated by the academy only. If a student fails to complete the program, official mentoring will cease, but friendships cannot be mandated or managed. The parents/guardians, youth, and mentor nominee will decide in such circumstances the degree of the adult volunteer’s involvement.

The TCA Mentor and Youth Applicants agree to:

- Keep in touch through letter writing when the class begins and during the steps before being officially matched by the TCA RPM department. These steps include mentor training, youth training, complete paperwork from both Mentor and Mentee, adult background check, mentor screening, notification of approval, and a face-to-face meeting between both Mentor and Mentee. We will not spend time alone unless the legal guardian approves or until officially matched by TCA.
- Commit to maintaining weekly contact through letter writing, phone, email, or any other form of communication permitted by the academy until finished with the 17 ½ month program.
- Spend time together in person at least four hours per month during the Post Residential Phase, when and if the student returns to the hometown community.
- Work together in any revision of the Cadet’s Post Residential Action Plan (P-RAP). Notify each other in advance if it is impossible to keep an appointment.
- Do our best to get to know, trust, respect, and communicate with each other. Allow the TCA staff to mediate one or both parties if they wish to terminate the agreement.
- Update the TCA staff monthly and at the end of our 17 ½-month agreement decide our plans, and celebrate our time together.
- We understand these terms of the Mentoring Agreement and will abide by them if officially matched by the Texas ChalleNGe Academy.

ChalleNGe Mentor Applicant Signature and Date

ChalleNGe Youth Applicant Signature and Date

ChalleNGe Mentor Applicant PRINTED

ChalleNGe Youth Applicant PRINTED

TCA-MENTOR 3 – MENTOR TRAINING COMMITMENT

PURPOSE: Training is offered three or four times prior to each class. It is conducted in conjunction with mandatory screenings for the youth and family. Please ensure the youth and family can reach you as soon as they are invited to one. Alternately, you may call our offices for available dates or visit our website <http://www.texaschallengeacademy.com> to see when and where we have scheduled Mentor Training opportunities. *Now that you are aware of this information, please initial each line below acknowledging your training requirement.*

Initials

_____ I am applying to become this young person's mentor to provide an additional listening ear, caring heart, and positive adult role model. I will do my best to set a good example and follow through with my commitment regardless of the youth's progress.

_____ I am committing to this young person and will attend the three-hour Mentor Training. I understand that as a mentor applying in conjunction with a youth, I must reserve a training date and location with the mentoring office by phone or email (provided above) before the first day of the class.

_____ I understand that my training requirement will prepare me for the Texas ChalleNGe Academy mentoring relationship and that in attending I am already planting a seed of help in the life of this youth.

_____ I accept the possibility that the youth may not act as responsible as I would like in the beginning of our relationship, that my efforts may not be repaid by his or her gratitude during this time, and that if the youth quits at any time I am welcome but not obligated to continue in the mentoring program.

TCA-MENTOR 4 – AUTHORIZATION FOR MENTOR BACKGROUND CHECK

STATEMENT OF CONFIDENTIALITY

While serving as a mentor for a student in the Texas ChalleNGe Academy, you will gain information that may be considered personal and/or confidential and should be treated accordingly. Besides breaching the trust that is the foundation of your mentoring relationship, an improper disclosure to an unauthorized third party could constitute a violation of Texas law and make you subject to legal action. All records dealing with your student/mentee must be treated as confidential.

RELEASE OF INFORMATION

I hereby grant to the Texas ChalleNGe Academy, the Texas National Guard, and appropriate law enforcement agencies permission to check my references and civil or criminal records to verify any information provided in this application. My signature below certifies that I have read the above material and understand the purpose and nature of the background investigation. Further, I understand my duty as a mentor to abide by the laws of the State of Texas and the laws and policies governing the preservation of confidential information.

Mentor Name _____ Signature _____ Date _____

TCA-MENTOR 4 – AUTHORIZATION FOR MENTOR BACKGROUND CHECK (Continued)

PURPOSE: This form asks direct questions about your background that must be answered in order for us to conduct the necessary background check. The questions are necessarily personal and sensitive – as would be expected when the safety and security of a young person is involved.

NAME OF THE STUDENT YOU WISH TO MENTOR: _____

In order to process your application to be a mentor for a student attending the TCA, we must conduct a reference check and a criminal background check and sexual offender registry check. The information listed on the Prospective Mentor Information form and this document is used to conduct the background investigation. TCA staff will not disclose this information to any third party not involved in conducting that investigation. TCA does not discriminate on the basis of race, color, gender, age or religion.

MENTOR NAME: _____ Note: Your Social Security Number is necessary to conduct the background check. If you prefer not to disclose it, please contact our office about providing a fingerprint criminal history background check at your own expense.		SSN: _____	
Have you ever been arrested for a sex-related crime? If YES , explain the incident and specify the state it occurred in and the date.		YES	NO
Have you ever been arrested a crime involving force and/or a minor? If YES , explain the incident and specify the state it occurred in and the date.		YES	NO
Have you ever been arrested for an offense involving drugs or alcohol? If YES , explain the incident and specify the state it occurred in and the date.		YES	NO
Have you ever been convicted of a crime other than minor traffic violations? If YES , explain the incident and specify the state it occurred in and the date.		YES	NO
Do you have any charges pending other than minor traffic violations? If YES , explain the incident and specify the state it occurred in and the date.		YES	NO
Driver's License Number:	State:	Expiration Date:	
Auto Insurance Company:			
**Please attach a photocopy of your Driver's License and valid Driver's Liability Insurance Card.			

TCA-MENTOR 5 – MENTOR LIABILITY RELEASE

PURPOSE: This form advises you that you are agreeing to hold the State of Texas/Texas ChalleNGe Academy (TCA) harmless for injuries, damages and/or losses you incur as a result of volunteering to become a mentor and participating in mentoring activities. It also explains that as a mentor you are not considered an agent, employee or representative of the Texas ChalleNGe Academy and is therefore not covered under any state/agency insurance or Labor and Industries disabilities coverage for any expenses, injuries damages, or losses you incur as the result of your participation as a mentor.

Volunteer Mentor Activities. I understand and agree that while volunteering as a mentor I will be engaging in school-based and community-based mentoring activities with my matched Youth Academy Cadet Mentee. I understand that these activities may include a variety of interactions between my mentee and myself to include; letter writing/email correspondence, telephone calls, and day visits on and off Texas ChalleNGe Academy (TCA) campus during the residential phase. These activities may have inherent risks such as physical activities, community service projects or recreational activities. I recognize that I must exercise care in supervising my mentee during the residential and post-residential phase of the mentoring relationship; including planning and selecting the type of activities we participate in during our visits together. Further, I understand that the goal of mentoring is to develop a positive adult/youth relationship. I agree that I am responsible for choosing and conducting all activities with my mentee, and I agree that such activities will be legal and focus on trust and relationship building, open communication, mentee social skill building, and other related activities will be conducted in the State of Texas during both the residential and Post Residential Activity Phase (P-RAP).

Volunteer Mentor Status. I also understand and agree I am not an agent, employee or representative of the State of Texas/ TCA in my capacity as a mentor, nor will I claim to be such a representative, officer or employee of the TCA. I will not make any claim of right, privilege or benefit that would accrue to such an employee. I do not expect to receive any monetary wages for services rendered during the mentoring period and understand as a volunteer I am not covered for any injury, damage or loss suffered while acting in the capacity as a mentor. I understand that if I use my private motor vehicle in the course of my volunteer mentor duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle and to maintain the appropriate legally required vehicle operator's license. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment I use while performing as a volunteer mentor. Texas ChalleNGe Academy, Texas Military Department and the State of Texas will not provide any liability or other insurance coverage.

Hold Harmless. The Mentor will hold harmless the Texas ChalleNGe Academy, Texas Military Department , State of Texas, and its employees while performing his/her mentoring activity, from any and all costs, claims, judgments, and/or awards of damages (both to persons and/or property), which may accrue to or be suffered by any person(s), or property, arising out of mentoring activities.

The Mentor agrees to and hereby does waive any and all claims for personal injury and damages or losses to property, including expenses or lost revenues, in connection with mentoring activities.

In case any claim, suit or action is brought against the Texas ChalleNGe Academy, Texas Military Department, State of Texas, and its employees, arising out of the mentoring activity, the mentor shall, upon notice of such claim, suit or action, defend the same at his/her sole expense and satisfy any judgment and/or award of damages.

This indemnification and waiver shall survive the termination of this release.

Mentor's Signature _____ Date _____

Printed Name: _____

LIST THREE (3) REFERENCES (ONLY ONE MAY BE A RELATIVE). YOU MAY USE TWO OF THESE REFERENCES WHEN ASKING FRIENDS AND ASSOCIATES TO COMPLETE THE FOLLOWING MENTOR PROFESSIONAL AND PERSONAL RESPONSE FORMS ABOUT YOU.

After completing the form below please ask a personal and a professional reference to complete the next two forms (pages 7 and 8). The personal and professional reference can be the same people you listed below.

Last Name:		First Name:		Middle:
Address:			City:	
State:	Zip:	Home Phone:	Cell Phone:	Message Phone:
Email:				
Relationship to Applicant:	Friend	Neighbor	Other:	
	Relative	Work Associate		
Last Name:		First Name:		Middle:
Address:			City:	
State:	Zip:	Home Phone:	Cell Phone:	Message Phone:
Email:				
Relationship to Applicant:	Friend	Neighbor	Other:	
	Relative	Work Associate		
Last Name:		First Name:		Middle:
Address:			City:	
State:	Zip:	Home Phone:	Cell Phone:	Message Phone:
Email:				
Relationship to Applicant:	Friend	Neighbor	Other:	
	Relative	Work Associate		

TCA-MENTOR 6 – MENTOR REFERENCE PERSONAL

PURPOSE: This form is to be completed by the mentor’s references. You need **two** of these references (**one personal and one professional**) and they should be submitted concurrently with your application

NAME OF THE STUDENT TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

_____ is applying to be a mentor for a student attending the Texas ChalleNGe Academy. In processing this application, it’s important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept private.

How long have you known the mentor applicant? Years _____ Months _____

What is your relationship to the applicant? _____

As far as you know, does the mentor applicant have a good home environment? YES NO

Does the mentor applicant work well with others? YES NO

Does the mentor applicant have a tendency to over-commit/get involved in too many things? YES NO

Please rate the mentor applicant in the following areas:

	Excellent	Good	Average	Poor	Unknown
Character					
Morals					
Compassion					
Completes Commitments					
Emotional Stability					
Reliable (returns calls, emails, etc.)					

Would you recommend the mentor applicant as a good choice to work with a teenager? YES NO

Would you want the applicant to mentor your child, niece, nephew, etc.? YES NO

TCA-MENTOR 6 – MENTOR REFERENCE PROFESSIONAL

PURPOSE: This form is to be completed by the mentor’s references. You need **two** of these references (**one personal and one professional**) and they should be submitted concurrently with your application

NAME OF THE STUDENT TO BE MENTORED: _____

NAME OF MENTOR APPLICANT: _____

NAME OF REFERENCE: _____

_____ is applying to be a mentor for a student attending the Texas ChalleNGe Academy. In processing this application, it’s important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept private.

How long have you known the mentor applicant? Years _____ Months _____

What is your relationship to the applicant? _____

As far as you know, does the mentor applicant have a good home environment? YES NO

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	Excellent	Good	Average	Poor	Unknown
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Morals					
Compassion					
Completes Commitments					
Emotional Stability					
Reliable (returns calls, emails, etc.)					

Would you recommend the mentor applicant as a good choice to work with a teenager? YES NO

Would you want the applicant to mentor your child, niece, nephew, etc.? YES NO