

INTERVIEW DATE: \_\_\_\_\_

INTERVIEW TIME: \_\_\_\_\_

## MENTOR APPLICATION

P.O. Box 1189, Lathrop, Ca 95330-1189 Mentor Coordinator: (844) 633-3301

*“Mentors Change Lives”*

### **What is a Mentor?**

A mentor is a person or friend who guides a less experienced person by building trust and modeling positive behaviors. An effective mentor understands that his or her role is to be dependable, engaged, authentic, and tuned into the needs of the mentee.

**Applying Cadet’s Responsibilities:** Please give this mentor application to someone that you feel is going to be a positive influence over your life. The Mentor Candidate should meet some of the following characteristics:

- Good listener
- Honest
- Successful Career
- Nonjudgmental
- Able to network and find resources
- Willing to devote time to developing others

**Basic Mentor Qualifications:** Discovery Mentor Applicants **MUST** meet the following:

- Be at least 25 years old
- Must be employed, in school, or retired
- A good role model
- The same gender as the cadet
- Live no more than 50 miles from cadet
- Commit the entire 17 ½ month program
- Must pass a Department of Justice background check

**Basic Mentor Disqualifications:** You CANNOT be a Mentor at Discovery if:

- You have been convicted of a sexual related crime
- Live more than 50 miles from the cadet
- Live in the same household as the cadet
- Are a relative of the cadet (blood relative or married into the family)
- Boyfriend/girlfriend of cadet’s parent
- Opposite sex of the cadet

### **I qualify and want to be a mentor. What now?**

Please **READ** and fill out the mentor application in its entirety. *Make sure to include a copy of your valid state driver’s license and auto insurance with the application.* We do require a lot of information but your privacy is of the utmost importance to us. **ALL MENTOR INFORMATION WILL REMAIN CONFIDENTIAL. The student does not need to see your application.** Your application can be in a sealed envelope for privacy, mailed into the academy, or faxed to us directly. Thank you for considering being a mentor for a Discovery Candidate. The rewards are well worth the time involved. It is a serious commitment, so think it over carefully. We are not looking for saints, if you have any questions about your eligibility; please contact the office at (844) 633-3301. Thank you for your time and consideration.



Student's Name: \_\_\_\_\_

**Mentor Program Explanation**

Thank you for considering being a mentor for a Discovery Challenge Academy candidate. Discovery Challenge Academy is a unique opportunity for a young person who has dropped out, or is struggling in school. It truly is a "second chance" to turn a life around. *A very important part of this program is the involvement of mentors. When a cadet has a mentor who is committed to help him succeed, he or she is much more likely to finish the program and return to his/her community as a productive citizen.* We know that your time is precious, but this opportunity is life changing.....for both of you. Here is a brief description of what is involved in the Mentor Program at DCA.

- Each student must provide **ONE** mentor application, to be accepted into the program. A "friendly match" where the cadet and mentor know each other is recommended. **Mentor Initials:** \_\_\_\_\_
- The Mentor will complete an interview with Challenge staff; each character reference will also be contacted. **Mentor Initials:** \_\_\_\_\_
- Each Mentor will submit information for DOJ Live Scan background screening, conducted at DCA. **Mentor Initials:** \_\_\_\_\_
- The mentor will attend **ONE** mandatory mentor training session at the **Discovery Youth Challenge Academy**. Training is a requirement and is conducted on approximately 6 weeks from the start date of the Academy. **Mentor Initials:** \_\_\_\_\_
- Mentors and cadets **MUST** communicate during the residential phase. Cadets will be making 5 minute phone calls to their mentor every other week beginning within the first 4 weeks of the program. Mentors and cadets will be writing each other at least one letter per week beginning in week 1. **Mentor Initials:** \_\_\_\_\_
- Mentors are invited to visit their cadets on specified days. Visits are not mandatory, but highly encouraged. We understand that you might live far from Lathrop so if you can't visit, you should be writing or e-mailing your cadet through their case manager often to build the relationship while the cadet is at the academy. **Mentor Initials:** \_\_\_\_\_
- The cadets will develop a "life plan" or PRAP, Post Residence Action Plan (their goals for the future) while at Discovery. Mentors will get a copy of the PRAP and review it often with the cadet during the 12 month phase after the cadet returns home. **Mentor Initials:** \_\_\_\_\_
- The mentor and cadet must live within a 50 mile radius of each other when the cadet returns home so that they can meet regularly and maintain the relationship. Mentors and cadets will meet a minimum of 4 hours a month. Face to face visits are the preferred method of contact. This commitment, including the residential and post-residential phase is a total of 17 1/2 months. **Mentor Initials:** \_\_\_\_\_
- Mentors will play an important role encouraging the cadet to enroll in school, get a job, and stay on the right path (these are cadet requirements for the post-residential phase). **Mentor Initials:** \_\_\_\_\_
- The mentor will send a report to the Academy once a month for 12 months following graduation. This can be done on-line, mailed, faxed, phoned, or e-mailed to your assigned case manager at DCA. It is very short and easy to complete. **Mentor Initials:** \_\_\_\_\_
- Discovery Challenge Academy must report cadet statistics to the Congress of the United States to show that this program is making a difference. The mentor report is critical to this process and the continued funding of the program. **Mentor Initials:** \_\_\_\_\_

**I have read the Mentor Program Explanation and understand what is required. By signing below I agree to the prescribed mentoring terms stated above.**

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student's Name: \_\_\_\_\_

Dear Mentor: Please PRINT clearly. This information is confidential. The entire application with proof of auto insurance and copy of driver's license can be sealed in an envelope for privacy purposes, but must accompany the student application. All fields are required information.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

How many miles do you live from the applicant's home? \_\_\_\_\_ Male  Female  Relationship (if any) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Do you have your own transportation? Yes  No

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Highest educational level achieved: High School  Technical School  College/University  Other  \_\_\_\_\_

Students must be able to contact their mentor:

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

Apt #

City

State

Zip Code

County

Have you previously been a DCA Mentor? Yes  No  If yes, Name of Cadet: \_\_\_\_\_

Are you the parent of a DCA student or graduate? Yes  No  If yes, Name of Cadet: \_\_\_\_\_

Do you understand that this commitment is for 17 1/2 months? Yes  No

Please explain your present use of alcohol or any other drugs. \_\_\_\_\_

Please explain your past use of alcohol or any other drugs. \_\_\_\_\_

Why do you think you will make a good mentor for this student? \_\_\_\_\_

What attitudes and beliefs are of special importance to you? \_\_\_\_\_

What are some interests or hobbies of yours that you feel you can share with your cadet? \_\_\_\_\_

What are some of your past experiences with youth/children? \_\_\_\_\_

Please provide the following information for 2 people that you have known for at least 5 years and can provide you with a good character reference:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alt Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Alt Phone#: (\_\_\_\_) \_\_\_\_\_



Student's Name: \_\_\_\_\_

Mentor Application Continued...

Have you ever been involved in, investigated for, arrested and/or convicted of any crime? Yes  No

Have you ever been convicted of a sex-related crime? Yes  No  When: \_\_\_\_\_

Have you ever been convicted of a crime involving violence, or the threat of violence? Yes  No  When: \_\_\_\_\_

Have you ever been convicted of a crime involving drugs and/or alcoholic beverages? Yes  No  When: \_\_\_\_\_

Are any of these crimes a felony? Yes  No

Crime \_\_\_\_\_ When \_\_\_\_\_ Please Explain: \_\_\_\_\_

Are you on probation? Yes  No  Parole? Yes  No  Have you ever been on probation? Yes  No  Parole? Yes  No

If yes to the above questions, please explain. \_\_\_\_\_

Contact the Mentor Coordinator if you have concerns regarding past offenses and your eligibility as a mentor. Anything discussed will remain strictly confidential.

**AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS AND RELEASE OF LIABILITY (permission for background check)**

In accordance with the Privacy Act of 1974 or other applicable law, I hereby authorize and consent to the release of information and records bearing on my personal history, arrest, and convictions, in any way to special agents of the Department of Defense or California Military Department. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, criminal justice agency or other person furnishing such information or record. This information will be used for the purpose of determining my eligibility as a participant as a Mentor with the Discovery Challenge Academy.

Mentor's Name: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ How long have you lived in California? \_\_\_\_\_

Other states lived in? \_\_\_\_\_ Maiden Name/ Other Names Used: \_\_\_\_\_

**Mentor Liability Release**

The term "DCA" refers to, and is meant to include the State of California, the California National Guard, the California Youth Challenge Program, and the Discovery Challenge Academy for purposes of the 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 "DCA" agent, and that I am responsible for choosing and conducting all activities with my cadet and that "DCA" does not retain any power to control how these activities are conducted. I therefore agree that "DCA" will not be liable for, and I agree to hold "DCA" harmless from all liability, causes of action, and losses imposed on it in any way related 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 "DCA" negligence or otherwise. I further release "DCA" from any and all liability claims, demands, 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 "DCA", its officers, agents, servants, employees, or otherwise. I understand that "DCA" will release my name, address, and phone numbers to other mentors for the purpose of coordinating mentor/cadet activities, unless otherwise specified by me. **All of the information I have given is true.**

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Mentor Character Reference (not for student)

Dear Mentor Applicant: Please give this form to a person who is not related to you and would know something about your character (over 21, not a relative).

Dear (Name of person giving reference - please print)

(Prospective Mentor applicant's name - please print) has applied for volunteer work to be a mentor for

(Prospective Student's Name - please print), an applicant to the Discovery Challenge Academy

He/She is being considered for a match with this student in a one-to-one relationship. Please help us learn whether this person is suited for this type of work. 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 return this form to the person who requested it as soon as possible or mail it to the Discovery Challenge Academy P.O. Box. You can put it in a sealed envelope if necessary. We need it as part of his/her application.

How long have you known the MENTOR applicant? How do you know this person?

Does the MENTOR applicant have a good home relationship? Does he/she work well with others?

Please rate the prospective MENTOR in the following areas.

Table with 5 columns: Excellent, Good, Average, Poor, Unknown. Rows include Personal Habits, Character, Compassion for others, Completes commitments, Emotional stability, Maturity level, Receives constructive criticism, Health.

Is there anything about this person that we should know before matching him/her as a mentor with this young person?

If you were in our position, would you, without hesitation, consider using this person as a Mentor for an "At Risk" Youth?

No reference will be valid unless signed and with phone numbers.

Signature of person making recommendation Date

Home Phone ( ) Work Phone ( )



Mentor Character Reference (not for student)

Dear Mentor Applicant: Please give this form to a person who is not related to you and would know something about your character (over 21, not a relative).

Dear (Name of person giving reference - please print)

(Prospective Mentor applicant's name - please print) has applied for volunteer work to be a mentor for

(Prospective Student's Name - please print), an applicant to the Discovery Challenge Academy

He/She is being considered for a match with this student in a one-to-one relationship. Please help us learn whether this person is suited for this type of work. 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 return this form to the person who requested it as soon as possible or mail it to the Discovery Challenge Academy P.O. Box. You can put it in a sealed envelope if necessary. We need it as part of his/her application.

How long have you known the MENTOR applicant? How do you know this person?

Does the MENTOR applicant have a good home relationship? Does he/she work well with others?

Please rate the prospective MENTOR in the following areas.

Table with 5 columns: Excellent, Good, Average, Poor, Unknown. Rows include Personal Habits, Character, Compassion for others, Completes commitments, Emotional stability, Maturity level, Receives constructive criticism, and Health.

Is there anything about this person that we should know before matching him/her as a mentor with this young person?

If you were in our position, would you, without hesitation, consider using this person as a Mentor for an "At Risk" Youth?

No reference will be valid unless signed and with phone numbers.

Signature of person making recommendation Date

Home Phone ( ) Work Phone ( )



San Joaquin County  
Office of Education

**Application Mailing Instructions:**

**Mail (United States Postal Service)**

**ATTN: Admissions  
P.O. Box 1189  
Lathrop, Ca 95330**

**Overnight (UPS or FEDEX)**

**ATTN: Admissions  
15529 7<sup>th</sup> Street Unit 1189  
Lathrop, Ca 95330**

**DO NOT SEND APPLICATIONS TO ACADEMY'S PHYSICAL ADDRESS!**