

# MENTOR APPLICATION

*Michigan Youth Challenge*

*Partner in Education*

Est.  
1999

# Academy

**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
**MICHIGAN YOUTH CHALLENGE ACADEMY**  
5500 ARMSTRONG ROAD BUILDING 13  
BATTLE CREEK, MI 49037  
[www.miycp.org](http://www.miycp.org)

Dear Prospective Mentor,

I would like to invite you to take part in a program that will give an at-risk youth a second chance; an opportunity to regain their future and realize their goals. The highly successful program is the Michigan Youth ChalleNGe Academy. Mentoring is considered the keystone element to the success of the program. In becoming a Mentor, you provide a young person an additional resource for support and guidance. Mentoring participation is critical to our program and to the future of these young people.

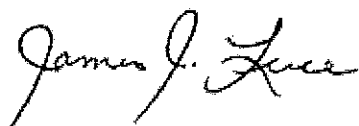
Your role during the 17 month program would be informal meetings to build a relationship and to discuss their goals and plans. Monthly you will communicate with the Class Advisor to discuss various subjects that would apply to further the youth's education, obtain employment or resolve problems that they are having. Please read the information concerning the role as Mentor in this packet. If you are interested, please complete the application and return it to the Admissions Specialist.

Upon receipt of your application and background check, you will be contacted for an interview and scheduled for a Mentor Workshop. The Workshop is conducted over a five hour period at the Academy. The intent is to further prepare the mentor on the purpose and commitment of the Academy's Mentoring Program.

If you have any questions or know of someone who would also enjoy being a part of a wonderful and rewarding experience, you may contact the Academy office at 1-800-372-0523, 8:00 a.m.-4:30 p.m. Monday through Friday.

I thank you for your interest and look forward to welcoming you as a Michigan Youth ChalleNGe Academy Mentor.

Sincerely,



James J. Luce  
Director

# Congratulations!

You have been nominated by one of our potential applicants from the Michigan Youth ChalleNGe Academy. It takes great initiative on the part of our applicants to take part in this program. It is the time now to find a person within their community who will help them continue pursuing their goals and keep them on track for a prosperous future. So it is not only an honor to be selected by the youth as a person that they respect and want to help them accomplish their goals, it is also a great responsibility.

Enclosed is the application packet required to process your paperwork and get you set to become a mentor.

1. Fill out the application packet and return it to the applicant that has asked you to be their mentor, or mail it directly to the Michigan Youth ChalleNGe Academy.
2. Take the two Mentor reference response forms and give them to two individuals that you know and are not related to you. They must complete these forms on the mentor and mail them back to the academy.
3. As time is a factor, please complete these forms as soon as possible to help ensure that the cadet has all their paperwork complete to be eligible for selection into the program. If they do not have your mentor paperwork to turn in they will not be eligible for selection.
4. If you have any questions please feel free to contact our Admissions Specialist at 269-968-1294 or 1-800-372-0523.

## *The Academy Overview*

The Michigan's Youth ChalleNGe Academy is a program for 16-18 year old at-risk youth. The Academy is designed to offer at-risk youth a variety of educational and vocational opportunities as well as life skills necessary to become successful members of their communities. It is a 17-month two-phased military modeled training program. The first five months, the Resident Phase, is spent in Battle Creek, MI where the days are long, mental and physical activities are rigorous and personal time is very limited. In addition to physical training and classroom instruction, each participant completes 40 hours of service to community activities. Upon successful completion of this phase, the youth enter the 12-month Post Resident Phase. Here they work toward the completion of their goals by continuing their education or entering the job market. They are assigned a Mentor from their community who will keep in contact with them and the Academy during the Resident Phase and become an active part in their success during the one year period.

## *Role of the Mentor*

The Mentor is to serve as a role model, friend and advocate to a Cadet. Mentoring involves a one-on-one relationship between a youth and an adult wherein consistent support and guidance are provided.

During the Residential Phase, the Mentor maintains contact (telephone and letters) with their Cadet in an effort to provide support and guidance through this somewhat difficult time. The Mentor is also informed of the Cadet's plans upon graduation so that they may be able to better guide and assist them during the Post Resident Phase. The Mentor aids Cadet in maintaining the basic value and lifestyle changes introduced in the Residential Phase of the program. The goal of the Post Residential Phase is to build on these initial successes and to encourage continued growth and change. The Mentor is essential to assist these young adults to maximize their individual potential.

The goal of the Mentor is to aid the youth in building and expanding the skills and confidence needed to become a responsible young adult. This will culminate in the youth's desire and ability to succeed in educational and employment opportunities.

## *Mentor Qualifications*

- 21 years of age or older
- A resident of Michigan and citizen of the US, or legal resident
- Employed, a full time student or retired
- Reside within 50 miles of the Applicant
- Same gender as Applicant
- Not a relative/family member of the Applicant
- Willing to agree to the following:
  - Sign a Mentor Contract and Agreement
  - Agree to a criminal background check
  - Attend Mentor Workshop

## Michigan Youth Challenge Mentor Application

**\*\*A CLEAR, READABLE COPY OF YOUR DRIVERS LICENSE WILL BE NEEDED TO CONFIRM A STATE POLICE BACKGROUND CHECK. PLEASE SUBMIT WITH YOUR MENTOR APPLICATION.\*\***

Name of Cadet you will mentor \_\_\_\_\_ (Please Print) Date \_\_\_\_\_

1. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Full address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Number, Street, Apt. #)

3. Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  male,  female Ethnicity \_\_\_\_\_ Age: \_\_\_\_\_

4. Have you  applied before, or  was a mentor with MYCA before? If yes, when: \_\_\_\_\_

5. Do you have a valid Drivers License?  Yes,  No. License # \_\_\_\_\_

6. Do you have your own transportation?  Yes,  No Car License No. \_\_\_\_\_

If no, do you have access to transportation?  Yes,  No Describe: \_\_\_\_\_

7. Marital Status: \_\_\_\_\_ Spouses Name \_\_\_\_\_ # of Children \_\_\_\_\_

8. Contact Information:

Home Phone \_\_\_\_\_ Best time & days to call \_\_\_\_\_

Work Phone \_\_\_\_\_ Best time & days to call \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

Pager # \_\_\_\_\_ Best time to call \_\_\_\_\_

E-mail address at home \_\_\_\_\_

E-mail address at work \_\_\_\_\_

9. Present Employer \_\_\_\_\_ Business Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ How Long Employed? \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

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

| Position | Employer | How Long Employed | Reason for Leaving |
|----------|----------|-------------------|--------------------|
|          |          |                   |                    |
|          |          |                   |                    |

11. List past residences within past 5 years (Address, City/State, How long lived there, most recent first)

\_\_\_\_\_

\_\_\_\_\_

12. Education: High School \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduated  yes,  no. What Year \_\_\_\_\_  
College/Univ. or Tech. Training \_\_\_\_\_ Years Attended \_\_\_\_\_ Degree \_\_\_\_\_

13. Have you ever been involved in, investigated for, arrested and/or convicted of a crime?  yes  no  
When? \_\_\_\_\_  
Explain \_\_\_\_\_

14. List four references. (One present or past employer and three friends you have known at least 10 years). If you have ever been in therapy or treatment, please include the name of your therapist for one friend reference.

|                |                      |
|----------------|----------------------|
| (1) Name _____ | Relationship _____   |
| Address _____  | Work Phone ( ) _____ |
|                | Home Phone ( ) _____ |
| (2) Name _____ | Relationship _____   |
| Address _____  | Work Phone ( ) _____ |
|                | Home Phone ( ) _____ |
| (3) Name _____ | Relationship _____   |
| Address _____  | Work Phone ( ) _____ |
|                | Home Phone ( ) _____ |
| (4) Name _____ | Relationship _____   |
| Address _____  | Work Phone ( ) _____ |
|                | Home Phone ( ) _____ |

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

I will promptly report to ChalleNGe Academy any changes in my insurance coverage or driver's license status.

|  |
|--|
| Signed _____ Date _____<br><p style="text-align: center;">(Mentor signature)</p> |
|--|

## YOUTH CHALLENGE RELEASE AND WAIVER

### 1. Parties.

1.1. Youth Challenge is a program operated by the State of Michigan through the Michigan Department of Military and Veterans Affairs. Those agencies have a primary business location of MDMVA, 3411 N. Martin Luther King Boulevard, Lansing, MI 48906.

1.2. Cadets are students who are enrolled in the Youth Challenge program.

1.3. Mentors are those personnel who spend time as volunteers with Youth Challenge cadets.

2. I certify that I am over the age of eighteen.

3. Release, Indemnification, and Hold Harmless.

3.1 On behalf of myself, and on behalf of my heirs and assigns, I release the State of Michigan, Youth Challenge, and the Michigan National Guard from any and all liability or damages related to my participation with any aspect of the Youth Challenge program.

3.2. On behalf of myself, and on behalf of my heirs and assigns, I agree to indemnify the State of Michigan, Youth Challenge, and the Michigan National Guard from any and all liability or damages related to my participation with any aspect of the Youth Challenge program.

3.3. On behalf of myself, and on behalf of my heirs and assigns, I agree to hold harmless the State of Michigan, Youth Challenge, and the Michigan National Guard from any and all liability or damages related to my participation with any aspect of the Youth Challenge program.

3.4. Sections 3 through 3.4, which refer to the State of Michigan, Youth Challenge, and the Michigan National Guard, expressly include the agents, employees, volunteers, and assigns of those agencies.

4. I understand that mentors are not authorized to take any actions on behalf of the State of Michigan, Department of Military and Veterans Affairs, or Youth Challenge.

4.1. I understand that mentors are not agents of the State of Michigan, Department of Military and Veterans Affairs, or Youth Challenge.

\_\_\_\_\_  
(Signature of Mentor)

\_\_\_\_\_  
(Printed Name)

Dated: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Mentor Liability Release (mandatory)

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 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 Michigan.

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

## Mentor Authorization to Release Information (mandatory)

I, \_\_\_\_\_, hereby authorize the ChalleNGe Program, 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 Program.

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

Full name \_\_\_\_\_ Ethnicity \_\_\_\_\_

Any other name used \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Gender  male,  female

Social Security number \_\_\_\_\_

Length of time lived in this state? \_\_\_\_\_ State/s where you used to live: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_



## Mentor Questionnaire

1. Name of Mentor Prospect: \_\_\_\_\_
2. Name of youth (if specific) that you wish to mentor: \_\_\_\_\_
3. Why do you want to become a mentor?  
\_\_\_\_\_  
\_\_\_\_\_
4. Past experience with children/youth: \_\_\_\_\_
5. Do you sometimes have a tendency to over-commit yourself or get too involved?  yes  no  sometimes
6. Do you currently or have you ever served as a volunteer?  No  Yes,  
explain: \_\_\_\_\_  
\_\_\_\_\_
7. What attitudes and beliefs are of special importance to you? \_\_\_\_\_
8. How well do you feel you can relate to a young person age 16-19? \_\_\_\_\_
9. What are some things you can think of that you might have in common with a young person? \_\_\_\_\_  
\_\_\_\_\_
10. Please list interests, hobbies, and activities you enjoy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What special skills or talents you would be willing to share? \_\_\_\_\_  
\_\_\_\_\_
12. What are some steps you might take to help this youth prepare for his/her future? (I.e. college, job,  
military) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. A community service project is suggested for the Thanksgiving Holiday or Easter Holiday (depending on class cycle). The Cadet will receive a pass for that weekend. The project should be something your cadet sees as them contributing to society and something they will see value in completing. Will you be able to complete this project with them?  yes  no
14. Please list any health issues or concerns that could prevent you staying in contact with your Cadet for at least 14 months. \_\_\_\_\_  
\_\_\_\_\_
15. Please list any possible or anticipated events over the next 14-18 months (E.G. Job relocation, birth of a child, military deployment) that could prevent you from meeting with your Cadet.  
\_\_\_\_\_  
\_\_\_\_\_



**DEPARTMENT OF MILITARY AND VETERANS AFFAIRS**  
MICHIGAN YOUTH CHALLENGE ACADEMY  
5500 ARMSTRONG ROAD, BUILDING 13  
BATTLE CREEK, MI 49037  
www.miycp.org  
1-800-372-0523  
MYCAAdmissions@michigan.gov

**Permission to Release Official Information**

Your signature on this form allows MYCA staff to release only the information you indicated by your initials, and only to the persons or organizations you indicate by your initials.

This information will only be released if necessary in performance of our official duties and responsibilities.

**Please initial next to the information you consent to release:**

- Release of address
- Release of home telephone number
- Release of work telephone number
- Release of cell phone number
- Release of email address
- Release of photo image

**Please initial next to each person or organization you consent to releasing information to if needed:**

- Cadet
- Cadet parent/guardian
- Court
- Probation Officer
- Military recruiter
- Newspaper
- Other (please specify) \_\_\_\_\_

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

Mentor Name (print): \_\_\_\_\_

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## Mentor Reference Response

**MENTOR: Please give the two Mentor Reference Response forms to TWO people that know you. Those individuals need to fill these forms out on you (the mentor) and return it to you or the academy.**

Please write cadet name and your name on the form prior to giving it to somebody you know. Your immediate response is greatly appreciated!

Cadet Name: \_\_\_\_\_,

\_\_\_\_\_ has applied to be a volunteer mentor with the ChalleNGe

**(Mentors name)**

Program which focuses on the needs of at-risk youth.

He/she is being considered for a match with an at-risk youth in a one-to-one relationship. Please help us learn whether this person is suited for this type of volunteer 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.

How long have you known this Mentor applicant? \_\_\_\_\_ In what way? \_\_\_\_\_

Does the applicant have a good home relationship/environment?  yes,  no,  unknown

Does he/she work well with others?  yes,  no,  unknown

Does he/she have a tendency to over commit him/herself? Get too involved?  yes,  no,  unknown

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

|                                 | Excellent                | Good                     | Average                  | Poor                     | Unknown                  |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Personal habits/Life Style      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of role model for youth    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision making ability         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes commitments           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Receives constructive criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Comments: \_\_\_\_\_

Would you want this person to mentor one of your children or family members?  yes,  no.

(Explain) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Please call me; I would like to give some detailed information. Use the back of this form if more room is needed.) DMVA/MYCA 10-7.D

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PLEASE  
PLACE  
STAMP  
HERE

MICHIGAN YOUTH CHALLENGE ACADEMY  
Attn: Mentor Coordinator  
5500 Armstrong Rd, Bldg 13  
Battle Creek, MI 49037

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## Mentor Reference Response

**MENTOR: Please give the two Mentor Reference Response forms to TWO people that know you. Those individuals need to fill these forms out on you (the mentor) and return it to you or the academy.**

Please write cadet name and your name on the form prior to giving it to somebody you know. Your immediate response is greatly appreciated!

Cadet Name: \_\_\_\_\_,

\_\_\_\_\_ has applied to be a volunteer mentor with the ChalleNGe

(Mentors name)

Program which focuses on the needs of at-risk youth.

He/she is being considered for a match with an at-risk youth in a one-to-one relationship. Please help us learn whether this person is suited for this type of volunteer 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.

How long have you known this Mentor applicant? \_\_\_\_\_ In what way? \_\_\_\_\_

Does the applicant have a good home relationship/environment?  yes,  no,  unknown

Does he/she work well with others?  yes,  no,  unknown

Does he/she have a tendency to over commit him/herself? Get too involved?  yes,  no,  unknown

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

|                                 | Excellent                | Good                     | Average                  | Poor                     | Unknown                  |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Personal habits/Life Style      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type of role model for youth    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decision making ability         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes commitments           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Receives constructive criticism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Comments: \_\_\_\_\_

Would you want this person to mentor one of your children or family members?  yes,  no.

(Explain) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Please call me; I would like to give some detailed information.

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

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PLEASE  
PLACE  
STAMP  
HERE

MICHIGAN YOUTH CHALLENGE ACADEMY  
Attn: Mentor Coordinator  
5500 Armstrong Rd, Bldg 13  
Battle Creek, MI 49037

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DEPARTMENT OF MILITARY AND VETERANS AFFAIRS MICHIGAN  
YOUTH CHALLENGE ACADEMY  
5500 ARMSTRONG ROAD, BUILDING 13  
BATTLE CREEK, MI 49037-7314

www.miyca.org 1-800-372-0523

To be eligible for MYCA all applicants must turn in with the complete cadet application, two mentor applications.

Who can be a Youth Challenge Mentor?

1. Must be the same gender as the youth applicant.
2. Must be at least 21 years of age or older.
3. May not have had a close personal relationship (engaged, lived together for years, etc.) with one of the youth applicant parents.
4. May not be an immediate family member of the youth applicant.
5. A resident of Michigan and a citizen of the US or legal resident.
6. Employed, a full time student, or retired.
7. Must reside within 50 miles of the youth applicant (to ensure one-on-one visits).
8. No felony convictions within 5 years and no alcohol or substance abuse convictions within 5 years.

Mentor Requirements:

1. Attend mentor training at the MYCA, this training normally occurs no later than the 13th week of the residential program.
2. Attend Mentor day at the MYCA during the residential program to meet with your cadet and spend some quality time together. (TBA)
3. Meet with the cadet four times per month post-residentially (after the youth graduates and returns home). This includes two times per month face to face and the other two contacts through phone, letter, email, or social media.
4. Submit a monthly mentor report every month to the MYCA post residential staff assigned to the cadet/graduate during the 12 month post-residential phase.

## Mentoring Frequently Asked Questions

We realize that mentoring an at-risk youth can be a challenging, yet rewarding experience. Becoming a mentor with the Michigan Youth ChalleNGe Academy normally comes with some questions and concerns.

The MYCA and our at-risk youth thank you for your gracious volunteerism in serving as a mentor-helping to provide directions for our at-risk youth; We hope this hand out is helpful in answering a lot of your questions.

**Q: How are mentors screened?**

A: Each youth applicant must have 2 mentor applicants. The mentor application must be complete to include both reference pages. MYCA staff complete a MI State Police record check and a MI Public Sex Offender Registry check. Once this is complete, there is a 5- 10 minute phone interview.

**Q: Why are two mentors required for each cadet?**

A: We want to do all we possibly can to ensure that each cadet has a screened, trained, and supportive adult to help them be successful.

Mentoring has been proven effective in helping people to mature and develop. The Youth ChalleNGe program has formally incorporated mentoring as a program requirement in order to support our graduates as they move into adulthood and responsible, productive citizenship.

**Q: How often must mentors travel to Battle Creek (MYCA)?**

A: Mentors are required to attend one day of training in Battle Creek) and there is one date later in the cycle available for mentors to visit.

**Q: When are the training dates and how many must a mentor attend?**

A: Training must be completed no later than week 13 of the residential phase. Each mentor must attend one training session. The MYCA offers 3 sessions to choose from. Sessions for the current cycle can be viewed on our web site: [www.miycp.org](http://www.miycp.org).

**Q: I have mentored before, so why must I attend your training?**

A: Our training is intended to help you understand how MYCA operates and what to expect from the cadets. We cover program requirements, expectations, and what mentors can expect from our staff. Training sessions also provide an opportunity for mentors to meet the staff members who will be their direct contact and main support during the 12 month post-residential period. We also encourage networking with other mentors in your local area. Training is required in order to be fair to the cadets, the mentors, and the program.



**Q: I am a teacher/psychologist/trained professional. Why must I attend your training?**

**A:** One part is perhaps your background and skills will enhance training, sharing what you know will benefit the others attending. It is program specific and a program requirement.

**Q: Why can't immediate family members be mentors?**

**A:** Our experience indicates that mentoring is a unique relationship. Family members may not be able to maintain objective in listening to the cadet and helping them make decisions. *Also*, experience indicates that if a problem develops within a cadet's family, it can affect the mentoring relationship if the mentor is a family member.

**Q: Why must I provide personal information such as a driver license number, social security number and date of birth? I do not feel comfortable giving that information out to people.**

**A:** This information is required from National Guard Bureau.

**Q: Is my information protected?**

**A:** We do not release or make your information available without a Release of Information signed by you. We are very sensitive *to* protecting your privacy.

**Q: What are requirements/activities asked of a mentor?**

**A:** Attend one training session, attend a visitation, write your cadet at least two times a month during the 22 week residential phase.

During the post residential phase have weekly contact, this includes at least two face-to-face interactions each month. Once a month submit to your cadets/graduate's assigned **C l a s s A d v i s o r** a monthly mentor report detailing how your graduate is doing.

**Q: How much time must I spend in mentoi-ing my cadet?**

**A:** There is no pre-set amount of time required. Past mentors and cadets have had a successful relationship with as little as 15-20 minutes a week. Others have spent as much as several hours a week. The best answer we feel is whatever amount of time the cadet and mentor are willing and able to commit in order for the cadet to succeed. Program requirements are four contacts a month.

