



Freestate Challenge Academy Mentor Application Forms

* Bldg E 4230 Beal Road * APG, Edgewood Area*Gunpowder * Maryland 21010
Office 410-436-3301 Fax 410-436-3314



MENTOR APPLICATION "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 will 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: Freestate 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 to the entire 17 ½ month program
- Must pass a Department of Justice background check

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

- You have been convicted of a sex 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 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 Freestate 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 410-436-3301.

Student's full name (Please Print): _____

_____ Mentor Program Explanation



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Thank you for considering being a mentor for a Freestate ChalleNGe Academy candidate. Freestate 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/her 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 FCA:

- Each student must provide **TWO** mentor applications to be accepted into the program. A “friendly match” is where the cadet and mentor know each other and is recommended. **Mentor Initials:** _____
- The mentor will attend **ONE** mandatory mentor training session at the Freestate ChalleNGe Academy Training is a requirement and happens after the cadet has been in the academy for at least 3 weeks. **Mentor Initials:** _____
- Mentors and cadets **MUST** communicate during the residential phase. 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 Aberdeen Proving Ground so if you can't visit, you should be writing or emailing 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-Residential Action Plan) of their goals for the future while at Freestate. Mentors will receive 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 ½ 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 FCA. It is very short and easy to complete. **Mentor Initials:** _____
- Freestate 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 full name (Please Print): _____



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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: _____ MI: _____ Last Name: _____

Home Address: _____

Street Address (Apt #)

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: (____) _____ Work Phone:(____) _____ Ext:_____

Cell Phone:(____) _____

E-Mail Address: _____

Gender: ____ Male ____ Female Relationship to Candidate (if any): _____

How many miles do you live from the applicant's home? _____

Marital Status: _____ Ethnicity: _____ Date of Birth: _____

Soc. Sec #: _____

Driver's 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 ____

Have you previously been a FCA Mentor? Yes No If yes, Name of Cadet: _____

Are you the parent of a FCA student or graduate? ____ Yes ____ No If yes, Name of Cadet: _____

Do you understand that this commitment is for 17 ½ months? ____ Yes ____ No

Please explain your present or 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? _____



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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? _____

Have you ever been involved in, investigated for, arrested and/or convicted of any crime?
____ Yes ____ No If so, please explain: _____

Have you ever been convicted of a sex related crime? ____ Yes ____ No If so, when?: _____

Have you ever been convicted of a crime involving violence, or the threat of violence?
____ Yes ____ No If so, when? _____

Have you ever been convicted of a crime involving drugs and/or alcoholic beverages?
____ Yes ____ No If so, when?: _____

Are any of these crimes a felony? ____ Yes ____ No

Crime: _____ When? _____

Please Explain: _____

Are you currently 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 Mrs. Karilynn Dunmeyer if you have concerns regarding past offenses and your eligibility as a mentor. Anything discussed will remain strictly confidential!

Mrs. Dunmeyer at (410)436-3301



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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 Maryland 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 Freestate ChalleNGe Academy. **(Please Print Below)**

Mentor's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____
Street Address (Apt #)

S. S.N. #: _____ Driver's License #: _____ State: _____

Place of Birth: _____ Date of Birth: _____ How long have you lived in MD? _____

Other states lived in? _____

Mentor Liability Release

The term "FCA" refers to, and is meant to include the State of Maryland, the Maryland National Guard, the Maryland Freestate 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 "FCA" agent, and that I am responsible for choosing and conducting all activities with my cadet and that "FCA" does not retain any power to control how these activities are conducted. I therefore agree that "FCA" will not be liable for, and I agree to hold "FCA" 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 "FCA" negligence or otherwise. I further release "FCA" from any and all liability claims, demands, actions, or causes of action what so ever 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 "SYA", its officers, agents, servants, employees, or otherwise. I understand that "FCA" 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: _____



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PURPOSE: This form is to be completed by the mentor's references. You need two (2) of these written references and they should be submitted concurrently with your application.

NAME OF CANDIDATE TO BE MENTORED: _____ (please print)

NAME OF MENTOR APPLICANT: _____ (please print)

NAME OF PERSON GIVING REFERENCE: _____ (please print)

_____ is applying to be a mentor for a student attending the
(Mentor Applicant)

Maryland Youth 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 in confidence. If you have any questions, call us at 410-436-3301.

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 to involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

| | Excellent | Good | Average | Poor | Unknown |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion | <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"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend the applicant as a good choice to work with teens? Yes No

Signature: _____ Date: _____

Address: _____ Telephone: _____

You can either return this form to mentor applicant or send it directly to the address at the Top of the page Attn: Mentor department



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Reference sheet 2

PURPOSE: This form is to be completed by the mentor's references. You need two (2) of these written references and they should be submitted concurrently with your application.

NAME OF CANDIDATE TO BE MENTORED: _____ (please print)

NAME OF MENTOR APPLICANT: _____ (please print)

NAME OF PERSON GIVING REFERENCE: _____ (please print)

_____ is applying to be a mentor for a student attending the
(Mentor Applicant)

Maryland Youth 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 in confidence. If you have any questions, call us at 410-436-3301

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 too involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

| | Excellent | Good | Average | Poor | Unknown |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion | <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"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend the applicant as a good choice to work with teens? Yes No

Signature: _____ Date: _____

Address: _____ Telephone: _____

You can either return this form to mentor applicant or send it directly to the address at the Top of the page Attn: Mentor department