



MENTOR APPLICATION

Mentor Commitment

A mentor serves as a role model, advisor, friend and positive example. If a young adult has asked you to be their Michigan Youth Challenge Academy (MYCA) mentor, it means they identified you as someone they trust and can rely upon. You are being asked to help support them on their journey through the MYCA program. Before committing, it is important to understand the commitment involved. You will be asked to:

- Fulfill the mentor screening requirements noted below
- Maintain regular contact with your mentee during the Residential Phase (5.5 months), primarily via letter
- In the 12-month Post Residential Phase, a minimum of four contacts, four hours of contact or a combination of both will occur between the mentor and graduate
 - Ideally, contact will occur weekly, with at least one contact per month being face-to-face
- Provide a monthly update to mentee's case manager

If you cannot meet this commitment, please do not apply. After graduation is when your mentee needs you most, and your time investment is critical as they transition back home (or to whatever is next) and keep their momentum going. For additional information on the program or mentorship, please visit:

<https://www.michigan.gov/myca>.

Mentor Qualifications

- Must be at least 21 years of age
- Same gender as applicant
- Reside within 50 miles of applicant
- Not reside in the same household as applicant, nor be an immediate family member (parent, step-parent, or significant other of parent, sibling or step-sibling) of applicant
- Able to pass criminal and sex offender background check

Mentor Screening Requirements

- Complete Mentor Application
- Ensure two individuals independently complete/provide Mentor Reference Response Form to MYCA
- Complete virtual/phone interview with program staff
- Attend virtual or in-person mentor training workshop

Youth Mentee:

Relationship to Mentee:

Mentor: Please complete the below, clearly printing or typing. Please return pages 2-6 via email to DMVA-Apply-MYCA@michigan.gov. Please be sure to provide the Mentor Reference Response Form, which is provided as a separate document, to two individuals to complete and return.

Last Name: First Name: Middle Name:

Full Street Address: City: State: ZIP:

Date of Birth: Age: Gender: Race:

Do you have a valid driver's license? Yes No License Number:

Marital Status: Spouse's Name: Number of Children:

Cell Phone Number: Best Time to Call:

Home Phone Number: Best Time to Call:

Work Phone Number: Best Time to Call:

Personal Email Address:

Work Email Address:

I am: Employed Student Stay Home Parent Retired Disabled

Other or Combination (Explain)

Present or Last Employer: Occupation:

How Long Employed: Reason for Leaving:

Please list previous two employers.

Employer: Occupation:

How Long Employed: Reason for Leaving:

Employer: Occupation:

How Long Employed: Reason for Leaving:

Please list previous two residences.

Full Street Address: City: State: ZIP:

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Youth Mentee:

Educational Background

High School Attended:

Years Attended:

Graduated? Yes No What Year?

College/University/Training Program:

Years Attended:

Degree or Certification:

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Years Attended:

Degree or Certification:

Why do you want to become a mentor?

What is your experience with youth?

Do you sometimes tend to overcommit yourself or get too involved? Yes No Sometimes

Do you currently or have you ever served as a volunteer? Yes No Please describe experience below.

What attitudes and beliefs are of special importance to you?

How well do you feel you can relate to a young adult aged 16 through 19?

What might you have in common with a young adult?

Youth Mentee:

Please list interests, hobbies and activities you enjoy:

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

What are some steps you might take to help this youth prepare for his/her future? (Example: research/apply for college, trade school, apprenticeship, military, job, etc.)

Please explain any issues or concerns that could prevent you from staying in contact with your mentee for at least 14 months (minimum last two months during Residential Phase and 12 months Post-Residential Phase).

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 all liability or damages related to my participation with any aspect of the Youth ChalleNGe program.

Youth Mentee:

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.

MENTOR LIABILITY RELEASE

I understand and agree that I will be the one spending time with my matched mentee, and that I must exercise care in supervising my mentee 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 mentee, and that ChalleNGe does not retain any power to control how these activities are conducted.

MENTOR AUTHORIZATION TO RELEASE INFORMATION

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 volunteer 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.

PERMISSION TO RELEASE OFFICIAL INFORMATION

Information will only be released if necessary, in performance of our official duties and responsibilities.

Please check each informational item you consent to release:

Release of address

Release of cell phone number

Release of home phone number

Youth Mentee:

Release of work phone number

Release of email address

Release of photo image

Please check each person or organization you consent to release information, if needed:

Mentee

Mentee Parent/Guardian

Court/Probation Officer

Michigan Job ChalleNGe Program

Military Recruiter

Media (newspaper, social media, etc.)

Other (please specify)

MENTOR REFERENCES

In a separate document/file, please find a Mentor Reference Response Form. Please provide this form to TWO individuals who will serve as your references. To maintain confidentiality and integrity of their response, individuals will submit this to MYCA independently.

STATEMENT OF UNDERSTANDING AND AGREEMENT

My signature below indicates my understanding and agreement with the content of this document and the information provided by me.

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Printed Name

Signature

Date