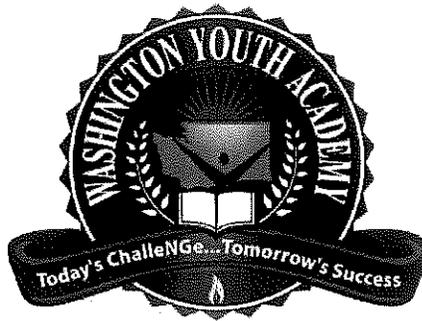


2017 MENTOR APPLICATION

January to June 2017

July to December 2017

WASHINGTON YOUTH ACADEMY



Today's Challenge... Tomorrow's Success

| |
|--|
| WA Counties North of I-90 and Kitsap, Mason Counties |
| Contact Admission Specialist |
| Elizabeth "Liz" Bergmann |
| Phone: (360) 473-2615 |
| elizabeth.bergmann@mil.wa.gov |

| |
|---|
| WA Counties South of I-90 Jefferson, Clallam, Grays Harbor Thurston and Pierce Counties |
| Contact Admission Specialist |
| Kelly Ingalls |
| Phone: (360) 473-2617 |
| kelly.ingalls@mil.wa.gov |

Washington Youth Academy
Admissions Department
1207 Carver Street
Bremerton, WA 98312
Toll Free (877) 228-8947 FAX (360) 473-2623
<http://mil.wa.gov/youth-academy>

Submit application by mail, email or FAX

Application submitted by email contain sensitive personal information, are not received via secure file transfer protocols, and will become part of the Washington Military Department's email vault storage system.



Washington Youth Academy Application



MISSION STATEMENT

The Mission of the Washington Youth Academy (WYA) is to provide a highly disciplined, safe, and professional learning environment that empowers at-risk youth to improve their educational level and employment potential and become responsible and productive citizens of the State of Washington.

ABOUT US:

The WYA is part of the National Guard Youth Challenge Program, authorized and funded by the Department of Defense and Office of Superintendent of Public Instruction. The goal of the program is to give youth a second chance to complete their high school education. The program is voluntary and the student must compete for admission. The WYA is a 22-week Residential Academic Intervention using a quasi-military structure to emphasize discipline, personal responsibility, physical fitness, academic excellence, job skills and more. After graduating from the WYA, the student continues to work with an adult mentor. This positive relationship supports the student during the Post-Residential phase. Each student is required to have a mentor in order to attend.

MANDATORY ELIGIBILITY REQUIREMENTS TO BE A MENTOR:

1. Should be at least 25 years old (some exceptions apply; former graduates must be at least 21 years old).
2. Must be of the same gender as the student.
3. Should NOT be a member of the family (including parents, in-laws, significant others of parents, siblings, grandparents), nor a current resident of the same address.
4. Mentor must live within a reasonable distance to the student during the post-residential phase.
5. Mentor may not be an immediate family member of a current student in the residential phase.
6. Must not have a criminal history involving sex crimes. Must also be free of felonies and crimes involving alcohol or substance abuse within the last five years.
7. Must be able to provide a government issued Social Security Number. (If unable to provide a government issued SSN, you may provide at your own cost, fingerprinting through the FBI.)
8. Should NOT be serving in an official capacity as the student's military recruiter.
9. Willing to meet program expectations outlined on page 2 of the mentor application.

DISQUALIFYING FACTORS:

1. Conviction for a sex offense.
2. Felony conviction within the last five years.
3. Convictions for alcohol, drug, or substance abuse within the last five years.
4. Failure to follow through on commitment on previous WYA or Challenge mentorships.
5. Inability to provide a government issued SSN and/or fingerprint screening.

DOCUMENTATION OF CONFIDENTIALITY:

Please note and understand that we must ask for personal and sensitive information in the application process. This information will be used to conduct a criminal background check and a sexual offender registry check by law enforcement agencies. The application forms and the information therein, will be kept confidential and will be disclosed to law enforcement agency if required.



Washington Youth Academy Application

PROSPECTIVE MENTOR INFORMATION

Please print in black ink.



| | | |
|---|-------|--------|
| STUDENT YOU WOULD LIKE TO MENTOR | Last: | First: |
|---|-------|--------|

MENTOR NAME

| | | |
|-------|--------|---------|
| Last: | First: | Middle: |
|-------|--------|---------|

Date of Birth:

| | | |
|---|---|---|
| / | / | / |
|---|---|---|

| | | | | | |
|---|---|--|-----------------------|---|--|
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Transgender <input type="checkbox"/> | Marital Status | Married <input type="checkbox"/> | Divorced <input type="checkbox"/> |
| | | | | Single <input type="checkbox"/> | Widowed <input type="checkbox"/> |

Mentor Address:

| | | |
|-----------------|-------------------|-----------------|
| Mailing | | Home () |
| Physical | | Cell () |
| City | | Work () |
| State | Home email | |
| Zip | Work email | |

| | | |
|---|---|--|
| Ethnicity: | Race: | |
| Hispanic or Latino <input type="checkbox"/> | American Indian/Alaskan Native <input type="checkbox"/> | Caucasian or White <input type="checkbox"/> |
| Not Hispanic <input type="checkbox"/> | Asian <input type="checkbox"/> | Native Hawaiian or Other Pacific Islander <input type="checkbox"/> |
| | Black (Not of Hispanic Origin) <input type="checkbox"/> | Of more than one race or Multiracial <input type="checkbox"/> |

General Information:

| | | |
|--|----------------------------------|----------------------------------|
| How long have you been a resident of Washington state? | Years | Months |
| What other states have you lived in during the last 10 years? | | |
| How do you know this student? | | |
| Are you a family member of an applicant for the incoming class? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a family member of a Washington Youth Academy employee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| What is your preferred language for written/electronic materials? | English <input type="checkbox"/> | Spanish <input type="checkbox"/> |
| If this match is not successful, would you mentor another student? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Employment Information:

| | | | |
|---------------------|------------------------------------|------------------------------------|---|
| Employer Name | | | Employer Phone Number |
| Employer Address | | | () Ext: |
| City | State | Zip Code | |
| Job Title | | | |
| Dates of Employment | / / to / / | | |
| Employment Status | Full-Time <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> |

Education:

| | | | | | | | |
|---------------------|------------------------------|-----------------------------|---------------------|-----|------------------------------|-----------------------------|------------|
| High School Diploma | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Year _____ | GED | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Year _____ |
| Tech/College Study | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Years Attended | | | | |
| Certificate/Degree | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Type of Degree | | | | |
| Military Service | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Branch/Years Served | | | | |



Washington Youth Academy Application

Mentor Commitment



| | | |
|---|--------------|---------------|
| STUDENT YOU WOULD LIKE TO MENTOR | Last: | First: |
|---|--------------|---------------|

WHAT'S EXPECTED OF ME AS A MENTOR FOR A WYA STUDENT?

1. Attend one mandatory half-day training session (four hours) at the WYA in Bremerton. This training will be offered on scheduled dates posted on our website. There will also be mentor training offered in Central Washington.
2. Maintain weekly contact with the student during the residential phase through letter writing.
3. Maintain personal contact with your student during scheduled home passes, mentor-specific visitations, and/or through attendance at graduation. (Certain exceptions may apply.)
4. Maintain weekly contact and four hours of face to face time with the student during the Post-Residential phase (next 12 months.) Every month, you'll submit a brief report on the student's progress.
5. Work together on any revision of the Cadet Achievement Plan and actively assist with Post-Residential placement search.

BY MY INITIALS, AS A WYA MENTOR NOMINEE, I UNDERSTAND:

Initial below:

| | |
|--|---|
| | I must reserve a training date and location with the WYA Mentoring office by phone or email. I understand this is a mandatory training that must be completed. |
| | I will review the E-learning training on the WYA website at (http://mil.wa.gov/youth-academy/mentor-training) prior to attending the onsite training. This is supplemental training material and is not required. |
| | My mailing address and phone number will be shared by the program staff with the student and the student's family in order to meet contact requirements. |
| | I will be required to submit monthly reports regarding my contacts and attempted contacts with the student and to update my student's progress with the case manager. |
| | I am committing to write my student weekly while in residence (first 5½ months). During the 12 month Post-Residential Phase, I will make a minimum of four contacts, four hour of face to face contact or the combination of both, with my student. |

By signing below, I understand the program standards and the commitment I'm making.

Mentor's Signature

Date

Washington Youth Academy
 Mentoring Coordinator
 1207 Carver Street
 Bremerton, WA 98312

Desk (360) 473-2614 FAX (360) 473-2623
<http://mil.wa.gov/youth-academy/mentor-resources>



Washington Youth Academy Application

Mentor Eligibility Pre-Screening



Please use additional pages as needed for explanations.

Purpose: This form requires information about your background that must be answered in order to determine eligibility. The questions are personal and sensitive, as would be expected when the safety and security of a student is involved. A background check authorization form will be sent after your application is processed.

General Information: In order to process your application to be a mentor for a student attending the WYA, we must conduct a reference check, a criminal background check and sexual offender registry check. The WYA staff will not share the information disclosed or the results of the background check to any third party. The Washington Youth Academy, in accordance with Title VI, the Civil Rights Act Washington State Law and WA MIL Department policy, does not discriminate based on age, sex, sexual orientation, gender expression or gender identity, marital status, race, creed, color, national origin or disability.

| | | |
|---|--------------|---------------|
| STUDENT YOU WOULD LIKE TO MENTOR | Last: | First: |
|---|--------------|---------------|

MENTOR NAME

| | | |
|--|-----------------------------|---|
| Last: | First: | Middle: |
| 1. Have you ever been arrested for a sex-related crime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" explain the incident, specify the state and date in which it occurred. | | |
| 2. Have you ever been convicted of a sex-related crime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you ever been arrested for a crime involving force and/or minors? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" explain the incident, specify the state and date in which it occurred. | | |
| 4. Have you ever been convicted of a crime involving violence or threat of violence? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" explain the incident, specify the state and date in which it occurred. | | |
| 5. Do you have a history of physical abuse and/or domestic violence? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" was a police report filed? | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| If "YES" were charges filed? | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| If "YES" were you convicted? | | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6. As an adult, have you ever been convicted of a crime involving drug activity or alcohol related offenses? | | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "YES" explain the incident, specify the state and date occurred. |
| 7. Do you have history of alcohol, drug, or substance abuse? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Have you ever been convicted of a crime, other than a minor traffic violation? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" what was the crime? | | Date |
| 9. Have you been arrested for a crime and are awaiting formal filing of charges or trial? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES" what was the arrest for? | | Current Status? |

Please attach a photocopy of driver's license. Proof of auto insurance will be requested at a later time.

By signing below, you ensure to the best of your knowledge, all information provided is true and accurate.

Mentor's Signature

Date



Washington Youth Academy Application

Mentor Liability Release



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 WYA campus during the residential phase. These activities may have inherent risks such as physical activities, community service 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 activity 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 and mentee social skill building. These and other related activities will be conducted in the State of Washington during both the Residential and Post Residential Phase.

Volunteer Mentor Status: I also understand and agree I am not an agent, employee or representative of the State of Washington or the WYA in my capacity as a mentor, nor will I claim to be such a representative, officer or employee of the WYA. 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. The WYA, Washington Military Department and the State of Washington will not provide any liability or other insurance coverage.

Hold Harmless: The Mentor will hold harmless the Washington Youth Academy, Washington Military Department, State of Washington, and its employees while performing their 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 Washington Youth Academy, Washington Military Department, State of Washington, and/or its employees, arising out of the mentoring activity, the mentor shall, upon notice of such claim, suit or action, defend the same at their 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 |
| Mentor's Printed Name | | / / |

If not signed, this application will not be accepted.



Washington Youth Academy Application



Professional Reference

Purpose: As part of the application process, prospective mentors need to submit two references. A professional reference would be someone in the employment life of the mentor applicant, preferably a person in a supervisory position. In processing this application, it's important we have additional insight into the mentor applicant's character, emotional stability, etc. Please answer these questions with careful consideration. If you wish to have your responses kept confidential, mail this reference to the Academy. Questions can be directed to Kendra Galloway 360-473-2614.

| | | | |
|-----------------------|--|--|--|
| STUDENT NAME | | | |
| MENTOR APPLICANT NAME | | | |

| | | | |
|------------------------|--|-------|--|
| REFERENCE NAME | | PHONE | |
| REFERENCE ORGANIZATION | | TITLE | |

| | | | | |
|--|-------|--|------------------------------|-----------------------------|
| 1. How long have you known this mentor applicant? | Years | | Months | |
| 2. Describe your professional relationship to this applicant. | | | | |
| | | | | |
| 3. As far as you are aware, does this applicant have a stable personal life? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does this mentor applicant work well with others? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Becoming a mentor for the WYA requires 4 hours a month for 17½ months. Do you feel this applicant has the time to make this type of commitment? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does this applicant over-commit or become involved in too many projects? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Would you see this applicant as a good choice to work with a teenager? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Would you want this applicant to mentor a child in your life? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Please rate this applicant in the following areas: | Excellent | Good | Average | Poor | Unknown |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> |
| Compassion | <input type="checkbox"/> |
| Completes commitments | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> |

| | |
|-----------|--|
| Comments: | |
| | |
| | |

| | | |
|--------------------------|--|------|
| Reference's Signature | | Date |
| Reference's Printed Name | | / / |

Return this form to the mentor applicant or mail it directly to the WYA Mentoring Coordinator.
 Washington Youth Academy Mentoring Office, 1207 Carver St., Bremerton, WA 98312



Washington Youth Academy Application



Personal Reference

Purpose: As part of the application process, prospective mentors need to submit two references. A personal reference is someone that is a significant person in the life of the mentor applicant. In processing this application, it's important that we have additional insight into the mentor applicant's character, emotional stability, etc. Please answer these questions with careful consideration. If you wish to have your responses kept confidential, mail the reference to the Academy. Questions to Kendra Galloway 360-473-2614.

| | | |
|-----------------------|--|-------|
| STUDENT NAME | | |
| MENTOR APPLICANT NAME | | |
| REFERENCE NAME | | PHONE |

| | | | | |
|---|-------|--|------------------------------|-----------------------------|
| 1. How long have you known this mentor applicant? | Years | | Months | |
| 2. Describe your personal relationship to this applicant. | | | | |
| 3. As far as you are aware, does this applicant have a stable personal life? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Does this mentor applicant work well with others? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Becoming a mentor for the WYA requires 4 hours a month for 17½ months. Do you feel this applicant has the time to make this type of commitment? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does this applicant over-commit or become involved in too many projects? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Would you see this applicant as a good choice to work with a teenager? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Would you want this applicant to mentor a child in your life? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Please rate this applicant in the following areas: | Excellent | Good | Average | Poor | Unknown |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> |
| Compassion | <input type="checkbox"/> |
| Completes commitments | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> |

| | |
|-----------|--|
| Comments: | |
| | |
| | |

| | | |
|--------------------------|--|------|
| Reference's Signature | | Date |
| Reference's Printed Name | | / / |

Return this form to the mentor applicant or mail it directly to the WYA Mentoring Coordinator.
Washington Youth Academy Mentoring Office, 1207 Carver St., Bremerton, WA 98312