



**Mentor List of Supporting Documents:** Please submit copies of the following documents to the WYA Mentoring Department. Your application is not complete until all copies have been received. **Copies can be submitted at the email or fax number listed below.**

- Picture ID Card – Washington Driver’s License or ID card (from the DMV) or Military ID card.
  - Missing ID Card? Apply through the Department of Licensing. <https://www.dol.wa.gov/>
  
- Mentor Liability Release
  - Discusses volunteering for mentor activities, status, and hold harmless. Signature Needed.
  
- WYA Policy to Comply with FERPA/HIPAA
  - Policy of the WYA to release applicant/student information, records, and files. Signature Needed.
  
- Mentor Screening, Background Check, and Confidentiality Statement
  - Discusses mentor screening, criminal background check, sexual offender registry, and reference checks. Signature Needed.
  
- Professional Reference
  - A professional reference would be someone in the employment **field** 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.
  
- Personal Reference
  - A personal reference is someone that you know socially and that is not a relative. In processing this application, it's important that we have additional insight into the mentor applicant's character, emotional stability, etc.

Washington Youth Academy  
Mentoring Department  
1207 Carver St. Bremerton, WA 98312  
Toll Free (877) 228-8947 FAX (360) 473-2623 [Mentor.MailMil-  
WYA@mil.wa.gov](mailto:Mentor.MailMil-WYA@mil.wa.gov)

**DREAM BELIEVE ACHIEVE**

**The Washington Youth Academy Stresses Eight Core Components**

**~ Academic Excellence ~ Leadership and Followership ~ Life Coping Skills ~ Job Skills ~ Service to Community ~ ~ Responsible Citizenship ~ Health and Hygiene ~ Physical Fitness ~**



# Mentor 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 Signature		Date
Mentor Printed Name		/ /

**If not signed, this application will not be accepted.**



## WYA POLICY TO COMPLY WITH FERPA/HIPAA



It is the policy of the WYA to release applicant/student information, records, and files in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA)/Health Insurance Portability Accountability Act (HIPAA). The FERPA/HIPAA requires WYA to provide “advance” information to parents, guardians, and students 18 years of age or older regarding information the program will release about students and to whom. The following information/records will be released in accordance with FERPA/HIPAA under the following circumstances:

- (1) To other school officials, including teachers who have legitimate educational interests in the information.
- (2) Officials of other schools that the student seeks to enroll in as long as the student is notified of the transfer of documents and has the opportunity to challenge the content (reference RCW 28A.225.330).
- (3) Representatives of OSPI, the Office of the Attorney General, and the Department of Education.
- (4) State or local officials if the disclosure concerns the juvenile justice system and its ability to serve the student, prior to adjudication, as long as officials certify in writing that the officials will not release the information to others.
- (5) Accrediting/auditing organizations.
- (6) Parents of a dependent student.
- (7) Appropriate persons in health and safety emergencies.
- (8) A person designated in a lawfully issued subpoena as long as the educational agency makes a reasonable attempt to contact the parents before complying with the subpoena. WYA must disclose to the maximum extent possible, student information to: a) law enforcement agencies, youth protective services, and health care professionals in connection with a health and/or safety emergency if the information is necessary to protect the student; b) courts and state/local juvenile agencies if related to the courts/agency ability to serve the needs of the student prior to adjudication. Persons receiving information must certify in writing that the information will not be disclosed.
- (9) Mentors designated by the student and approved by the WYA will receive a copy of the Cadet Action Plan which contains various scores and results from the student’s attendance at the WYA, along with the names and addresses of the student and his/her parents/guardians. All mentors receive training and sign an agreement to comply with FERPA/HIPAA confidentiality.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Mentor Application

Screening, Background Check and Confidentiality Statement



## Mentor Screening and Criminal Background Check

In order to process your application, we must conduct screening procedures including criminal background, sexual offender registry and reference checks. The information listed below enables the program to complete these checks. The staff will not disclose this information to any third party not involved in conducting these investigations.

<b>Mentor Full Legal Name</b>		
<b>First:</b>	<b>Middle:</b>	<b>Last:</b>
<b>Social Security Number</b> _____ - _____ - _____		
<b>Date of Birth</b>		

## Release of Information

I hereby grant to the Washington Youth Academy, The Washington National Guard and appropriate law enforcement agencies permission to check my references and civil or criminal records to verify any information provided in this application. I understand my duties as a mentor to abide by the laws of the State of Washington and the laws and policies governing the preservation of confidential information.

By signing below, I ensure to the best of my knowledge, all information provided is true and accurate.		
<b>Mentor Signature</b>		<b>Date</b>
<b>Mentor Printed Name</b>		/ /

## Mentor Commitment to Confidentiality

While serving as a mentor for a student in the Washington Youth Academy, you will gain information that may be considered personal and/or confidential and should be treated accordingly. An improper disclosure to an unauthorized third party could constitute a violation of Washington State law and make you subject to legal action. All records dealing with your cadet/mentee must be treated as confidential.

By signing below, I ensure to the best of my knowledge, all information provided is true and accurate.		
<b>Mentor Signature</b>		<b>Date</b>
<b>Mentor Printed Name</b>		/ /



# Mentor 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 Mentoring Coordinator 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"/>	<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"/>

Comments:	

Reference Signature		Date
Reference Printed Name		/ /

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



# Mentor Application



## Personal Reference

**Purpose:** As part of the application process, prospective mentors need to submit two references. A personal reference is someone that you know socially and that is **not a relative**. 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 Mentoring Coordinator 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"/>	
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Please rate this applicant in the following areas:	Excellent	Good	Average	Poor	Unknown
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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"/>

Comments:	

Reference Signature		Date
Reference Printed Name		/ /

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