



WASHINGTON MILITARY DEPARTMENT  
WASHINGTON YOUTH CHALLENGE ACADEMY  
1207 Carver St. • Bremerton, WA 98312  
(877)-228-8947 • <https://www.mil.wa.gov/youth-academy>



**Regional Advocate Legal Documents:** Please submit copies of the following documents to the WYCA Regional Team. 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/>
  
- Regional Advocate Liability Release
  - Discusses volunteering for Regional Advocate activities, status, and hold harmless. **Signature Needed.**
  
- Regional Advocate Screening, Background Check, and Confidentiality Statement
  - Discusses Regional Advocate screening, criminal background check, sexual offender registry, and reference checks. **Signatures Needed.**
  
- Professional Reference
  - A professional reference would be someone in the employment field of the Regional Advocate applicant, preferably a person in a supervisory position. In processing this application, it's important we have additional insight into the Regional Advocate 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 Regional Advocate applicant's character, emotional stability, etc.

Washington Youth Challenge Academy  
Regional Team  
1207 Carver St. Bremerton, WA 98312  
Toll Free (877) 228-8947 FAX (360) 473-2623 [WYCA.RegionalTeam@mil.wa.gov](mailto:WYCA.RegionalTeam@mil.wa.gov)

**DREAM BELIEVE ACHIEVE**

***The Washington Youth Challenge Academy influences growth in Eight Core Components  
~ Academic Excellence ~ Leadership and Followership ~ Life Coping Skills ~ Job Skills ~ Service to Community ~  
Responsible Citizenship ~ Health and Hygiene ~ Physical Fitness ~***



# Regional Advocate Application

## Regional Advocate Liability Release



**Volunteer Regional Advocate Activities:** I understand and agree that while volunteering as a Regional Advocate I will be engaging in school-based and community-based Regional activities with Youth Challenge Academy Cadets. I understand that these activities may include a variety of day activities between cadets and myself on and off WYCA campus. These activities may have inherent risks such as physical activities, community service or recreational activities. I recognize that I must exercise care in supervising cadets, including planning and selecting the type of activity we participate in during our visits together. Further, I understand that the goal of serving as a Regional Advocate is to develop a positive adult/youth relationship that supports building cadet life and job skills. I agree that I am responsible for choosing and conducting all activities with cadets, and I agree that such activities will be legal and focus on trust and relationship building, open communication and cadet social skill building. These and other related activities will be conducted in the State of Washington.

**Volunteer Regional Advocate Status:** I also understand and agree I am not an agent, employee or representative of the State of Washington or the WYCA in my capacity as a Regional Advocate, nor will I claim to be such a representative, officer or employee of the WYCA. 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 as a Regional Advocate and understand as a volunteer I am not covered for any injury, damage or loss suffered while acting in the capacity as a Regional Advocate. I understand that if I use my private motor vehicle in the course of my volunteer Regional Advocate 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 Regional Advocate. The WYCA, Washington Military Department and the State of Washington will not provide any liability or other insurance coverage.

**Hold Harmless:** The Regional Advocate will hold harmless the Washington Youth Challenge Academy, Washington Military Department, State of Washington, and its employees while performing their Regional Advocating 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 Regional Advocating activities. The Regional Advocate 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 Regional Advocating activities. In case any claim, suit or action is brought against the Washington Youth Challenge Academy, Washington Military Department, State of Washington, and/or its employees, arising out of the Regional Advocating activity, the Regional Advocate 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.

Regional Advocate Signature		Date
Regional Advocate Printed Name		/ /

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



## Regional Advocate Application Screening, Background Check and Confidentiality Statement



### Regional Advocate 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>Regional Advocate 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 ChalleNGe 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 Regional Advocate 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.		
Regional Advocate Signature		Date
Regional Advocate Printed Name		/ /

### Regional Advocate Commitment to Confidentiality

While serving as a Regional Advocate for a student in the Washington Youth ChalleNGe Academy, you may 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 cadets must be treated as confidential.

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



## Regional Advocate Application



### Professional Reference

Purpose: As a part of the application process, prospective Regional Advocates need to submit two references. A professional reference would be someone in the employment life of the Regional Advocate applicant, preferably a person in a supervisory position. In processing this application, it's important we have additional insight into the Regional Advocate 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 Regional Team Coordinator 360-473-2614.

REGIONAL ADVOCATE APPLICANT NAME			
REFERENCE NAME		PHONE	
REFERENCE ORGANIZATION		TITLE	

1. How long have you known this Regional Advocate 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 Regional Advocate applicant work well with others?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. 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 teenagers?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Would you want this applicant to work with 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"/>

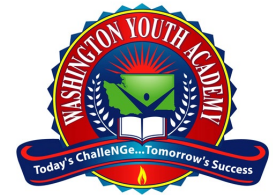
<b>Comments:</b>	

Reference Signature		Date
Reference Printed Name		/ /

**Return this form to the Regional Advocate applicant or mail it directly to the WYCA Regional Team Coordinator.  
Washington Youth Challenge Academy Regional Team Department  
1207 Carver St. Bremerton, WA 98312**



## Regional Advocate Application



### Personal Reference

Purpose: As part of the application process, prospective Regional Advocates 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 Regional Advocate 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 can be directed to Regional Team Coordinator 360-473-2614

REGIONAL ADVOCATE APPLICANT NAME	
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REFERENCE NAME		PHONE
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1. How long have you known this Regional Advocate 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 Regional Advocate applicant work well with others?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. 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 teenagers?		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
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"/>
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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"/>

<b>Comments:</b>	

Reference Signature		Date
Reference Printed Name		/ /

**Return this form to the Regional Advocate applicant or mail it directly to the WYCA Regional Team Coordinator.  
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