



**New Jersey Youth ChalleNGe Academy**  
 Recruitment / Placement / Mentoring Department (RPM)

**Phone: (800) 997-5587**

**Fax: (732) 974-6552**

Please complete or obtain the following documents. You should use the RPM Checklist to keep track of your progress. Return the entire packet to the RPM Department when all parts are complete.

**PART TWO**

Complete Mentor Application Packet – This packet is to be completed by the Mentor and the Candidate and is to be *included as part of the complete package that is mailed back to the RPM department.* **Note:** Parents and youth must sign forms within this packet.

**Mentor Requirements**

- Mentors must be 21 years of age or older.
- The same gender as the sponsored youth.
- Must NOT live in the same household with the youth.
- Cannot be an immediate family member (mother, father, step-mother, step-father, sister, brother, foster parent, legal guardian).
- Cannot be ChalleNGe staff members, their spouses or significant others.
- Each Mentor **MUST** attend **MANDATORY** four (4) hour training.

Below you will find the e-mail address to contact the Mentoring Department. Feel free to e-mail questions or concerns and we will respond to the e-mail in the order in which it was received.

**RPM Mentoring E-mail:** [rpm@dmava.nj.gov](mailto:rpm@dmava.nj.gov)

Pg.	Part Two Checklist	
1		Mentor Application
2		Mentor Liability Release/Mentor Position Description
3		Cadet-Mentor Agreement/Mentor Authorization to Release Information
4		Mentor/Parent Guidelines
5		Mentor Application Personal References
6		Mentor Reference (1)
7		Mentor Reference (2)
8		Mentor Interview Form
-		Volunteer Liability Release
-		Safeguarding Confidential and Privacy Act – Protected Data
-		Copy of Mentor’s Driver’s License

# New Jersey Youth ChalleNGe Academy

## MENTOR APPLICATION

(Please note that mentors must be 21 or older, the same gender as the sponsored youth, and must NOT be an immediate family member of the sponsored youth nor live in the same household with the youth.)

**Cadet Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Cadet's Last Name Cadet's First Name

Mentor Information				
Mentor Last Name		First Name		Middle Name
Date of Birth mm/dd/yy	Age	Gender – Circle One	Relationship to Cadet	
/ /		Male      Female Non-Binary		
Ethnicity (Please Select One)	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
Race (Please Select One)	<input type="checkbox"/> Native American, American Indian, Alaskan Native		<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban Central/South American, etc.)	
	<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> White	
	<input type="checkbox"/> Black, not of Hispanic Origin		<input type="checkbox"/> Other (Specify): _____	
Current Mailing Address			City	State
Current Residential Address			City	State
If not at current address for the past 5 years, please list Former Address.			City	State
Email Address (required)		Home Phone Number		Cell Phone Number
		(   )		(   )
Current Employer's Name		Occupation	Length of Employment	Work Phone Number
				(   )

**The following information is required for NGTC access during mentor visits. Failure to complete this section will prevent you from meeting with your Cadet during their time in the program.**

Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ License Plate # \_\_\_\_\_

Do you have a Military ID?  YES  NO

**If you do not have a Driver's License who will be driving you to your Cadet visit?**

Name: \_\_\_\_\_

Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ License Plate # \_\_\_\_\_

**THIS INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
Mentor Signature Date

# New Jersey Youth ChalleNGe Academy

## MENTOR LIABILITY RELEASE

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I understand and agree that I will be spending time with my matched Cadet, and agree that I must exercise care in supervising my Cadet 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 Cadet, and that ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of New Jersey.

I therefore agree that ChalleNGe will not be liable for, and I agree to hold ChalleNGe harmless from any and all liability, causes of action and losses imposed on it in any way relating 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 ChalleNGe's negligence or otherwise.

I further release ChalleNGe from any and all liability, claims, demands or actions or causes of action whatsoever 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 ChalleNGe, its officers, agents, servants, employees or otherwise.

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MENTOR POSITION DESCRIPTION

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ChalleNGe Mentor: Officially registered, screened, and trained role model, friend and advocate to Cadet from residential phase through post-residential phase, a total of 17 months.

- Complete and return application and forms when Cadet enters program
- Schedule and attend four (4) hour mentor training at ChalleNGe, which includes meeting with Cadet
- Follow all program policies and guidelines for mentors
- Spend 17 months in consistent contact with Cadet
- Give sound advice to Cadet and help Cadet find resources in their community
- Visit Cadet at ChalleNGe
- Communicate monthly with ChalleNGe staff to update progress
- Contact ChalleNGe staff immediately if there are problems with your Cadet, or your mentor relationship with the Cadet

I have read and understand the Mentor position requirements:

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# New Jersey Youth ChalleNGe Academy

## CADET - MENTOR AGREEMENT

The ChalleNGe Mentor and Cadet who sign below agree to work together from now until one year after the Cadet has graduated. The follow are agreement responsibilities:

- Commit to spend 17 months in consistent contact with each other.
- Make 4 contacts with each other every month, by letter, face to face, or by phone. After graduation two of the 4 contacts should be face to face.
- Work together on Post Residential Action Plan.
- Notify each other in advance if meetings have to be cancelled and reschedule them.
- Do our best to get to know, trust, respect and communicate with each other.
- Try to complete one community project together.
- Have at least one off-site visit before graduating.
- Contact or meet with ChalleNGe staff if the agreement is not working out.
- Complete the Post-Residential exit interview and return the completed form to the RPM department.

\_\_\_\_\_  
Cadet Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

## MENTOR AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize the ChalleNGe Program, along with the  
Mentor Name

law enforcement departments, to conduct any background search that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the 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.

Full Name: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Maiden Name/Alias/Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: Male Female

Social Security # \_\_\_\_\_ Time Lived in New Jersey \_\_\_\_\_ State(s) Previously Lived: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# New Jersey Youth ChalleNGe Academy

## MENTOR/PARENT GUIDELINES

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1. Use discretion in talking with the Mentor in front of your child. Talk to the Mentor alone, and not in front of your child.
2. If there is something about the relationship that concerns you, contact your ChalleNGe RPM office immediately. Not expressing your concerns may damage the relationship.
3. Let the mentor know that his/her efforts are appreciated.
4. Remember the relationship is between your child and the Mentor. Do not request that you or other family members be included in outings.
5. Forgive minor mistakes. Although the mentor has received mentor training, he or she is not a trained professional, but a greatly appreciated volunteer.
6. Do not deprive the child of the weekly visit with the mentor as a means of discipline. Remember, the mentor is volunteering his/her time.
7. The ChalleNGe mentor will set the visit schedule. Please be available to accommodate.
8. Give it time, it will take time for this relationship to develop, at least 3 months, so don't judge too quickly.
9. Your child's mentor is a person too. Get to know him/her so you feel comfortable with them as well as your child, healthy relationships are a good example for your child.

We hope these guidelines will help you support your child's mentoring relationship. Your role in the development of this relationship is very important.

\_\_\_\_\_  
Mother / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Date

# New Jersey Youth ChalleNGe Academy

## MENTOR APPLICATION PERSONAL REFERENCES

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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. Select two individuals that are familiar with you, and follow the directions below.

**Directions:**

1. Please select two individuals that are familiar with you.
2. List their contact information below.
3. Have each person complete a reference form (pages 6 & 7).
4. Return reference forms with mentor packet; if you wish to have reference responses kept confidential, mail the reference directly to the Academy.
5. Direct questions to Stephanie Gentile at 732-974-6512.

**List the names and contact information for your two references:**

**Contact Information Reference One (1)**

<b>NAME</b>	
<b>PHONE</b>	
<b>ADDRESS</b>	

**Contact Information Reference Two (2)**

<b>NAME</b>	
<b>PHONE</b>	
<b>ADDRESS</b>	

# New Jersey Youth ChalleNGe Academy

## MENTORS REFERENCE (1)

(To be completed by someone who can attest to the character of the Mentor, *other* than the Cadet's parents)

Cadet Name: \_\_\_\_\_

Cadet's Last Name

Cadet's First Name

\_\_\_\_\_, has applied for volunteer work with the New Jersey Youth ChalleNGe Academy, which focuses on the needs of at-risk youth, in the capacity of a mentor.

Mentor Name

He/She is being considered for a mentoring relationship with an at-risk youth. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can. You may mail in this directly to us if you like, or you may send it completed with the potential mentor information.

How long have you know the potential mentor? \_\_\_\_\_ In what way? \_\_\_\_\_

Does he or she work well with others? \_\_\_\_\_

Does he or she tend to over-commit him or herself (get too involved)? \_\_\_\_\_

How would you rate him/her in reference to the following?

	Excellent	Good	Average	Poor	Unknown
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for Others	_____	_____	_____	_____	_____
Completes Commitments	_____	_____	_____	_____	_____
Good Communicator	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth?  YES  NO

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attn: RPM Dept. NJ Youth ChalleNGe Academy, PO Box 256, Sea Girt NJ 08750**

### FOR RPM DEPARTMENT ONLY

Reference Verified by RPM Staff: \_\_\_\_\_ Date: \_\_\_\_\_

RPM Staff Signature

# New Jersey Youth ChalleNGe Academy

## MENTORS REFERENCE (2)

(To be completed by someone who can attest to the character of the Mentor, *other* than the Cadet's parents)

Cadet Name: \_\_\_\_\_

Cadet's Last Name

Cadet's First Name

\_\_\_\_\_, has applied for volunteer work with the New Jersey Youth ChalleNGe Academy, which focuses on the needs of at-risk youth, in the capacity of a mentor.

Mentor Name

He/She is being considered for a mentoring relationship with an at-risk youth. Please help us learn whether this person is suited for this type of volunteer work. We would be grateful if you would answer the questions on this form as fully and honestly as you can. You may mail in this directly to us if you like, or you may send it completed with the potential mentor information.

How long have you know the potential mentor? \_\_\_\_\_ In what way? \_\_\_\_\_

Does he or she work well with others? \_\_\_\_\_

Does he or she tend to over-commit him or herself (get too involved)? \_\_\_\_\_

How would you rate him/her in reference to the following?

	Excellent	Good	Average	Poor	Unknown
Character	_____	_____	_____	_____	_____
Morals	_____	_____	_____	_____	_____
Compassion for Others	_____	_____	_____	_____	_____
Completes Commitments	_____	_____	_____	_____	_____
Good Communicator	_____	_____	_____	_____	_____

If you were in our position, would you, without hesitation, consider this person as a volunteer with an at-risk youth?  YES  NO

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attn: RPM Dept. NJ Youth ChalleNGe Academy, PO Box 256, Sea Girt NJ 08750**

### FOR RPM DEPARTMENT ONLY

Reference Verified by RPM Staff: \_\_\_\_\_ Date: \_\_\_\_\_

RPM Staff Signature



# New Jersey Youth ChalleNGe Academy

## MENTOR INTERVIEW FORM

Miles from Cadet: \_\_\_\_\_ Relationship to Cadet: \_\_\_\_\_

Previous experience with Youth: \_\_\_\_\_

Why do you wish to become a volunteer with NJ Youth ChalleNGe (be specific)? \_\_\_\_\_

Have you mentored a Cadet for a previous NJ Youth ChalleNGe class?  YES  NO

If yes, when did the Cadet enter the program: \_\_\_\_\_

How would you rate your current health?  Poor  Fair  Good  Excellent

Do you take medication taken on a regular basis?  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever sought counseling/therapy or treatment for any reason?  YES  NO

If yes, please explain: \_\_\_\_\_

Explain *present* use of alcohol/illegal drugs (if any)? \_\_\_\_\_

Explain *prior* use of alcohol/illegal drugs (if any)? \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Other Volunteer Commitments: \_\_\_\_\_

Describe driving record (include dates of offenses if any): \_\_\_\_\_

Have you ever been a victim of a crime?  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been involved in, investigated for, arrested and/or convicted of a crime?  YES  NO

If yes, please explain: \_\_\_\_\_

List hobbies, interests and activities you enjoy? \_\_\_\_\_

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

How long have you known the prospective Cadet? \_\_\_\_\_ In what way? \_\_\_\_\_

### FOR RPM DEPARTMENT ONLY

Form Verified by RPM Staff: \_\_\_\_\_ Date: \_\_\_\_\_

RPM Staff Signature



## State of New Jersey

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
NJ YOUTH CHALLENGE ACADEMY

POST OFFICE BOX 256  
SEA GIRT, NJ 08750

PHILIP D. MURPHY  
*Governor*  
*Commander-in-Chief*

SHEILA OLIVER  
*Lieutenant Governor*

★  
LISA J. HOU, D.O.  
*Brigadier General*  
*The Adjutant General*

## Volunteer Liability Release

I, \_\_\_\_\_, am volunteering my services to the New Jersey Youth ChalleNGe Academy. I understand and agree that I will be in contact with Cadets of the NJ Youth ChalleNGe Program and that I must exercise care in supervising and interacting with the Cadets in my presence. I also understand and agree that I am not a NJ Youth ChalleNGe Program agent, and that ChalleNGe does not retain any power to control how these activities are to be conducted in the State of New Jersey.

I understand that I am serving in a volunteer capacity and do not represent the NJ Youth ChalleNGe Academy in any official capacity, and agree that I will not represent to any other party that I am a representative of the NJ Youth ChalleNGe Academy.

I therefore agree that because I am not an employee of the NJ Youth ChalleNGe Academy, I have no claim to wages, salary, or benefits, including but not limited to: unemployment compensation, workers' compensation, health insurance, life insurance, reimbursement for travel or any other benefit or protection that may be claimed by a New Jersey state employee.

I further release NJ Youth ChalleNGe Academy from any and all liability, claims, demands or actions or causes of action whatsoever arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this volunteer agreement, whether such damage, loss or injury is caused by the negligence of NJ Youth ChalleNGe, its officers, agents, employees or otherwise.

I understand and agree that all data provided to me pursuant to my volunteer relationship with the NJ Youth ChalleNGe Academy shall remain confidential and will not be duplicated or disclosed to anyone outside of the NJ Youth ChalleNGe Academy.

\_\_\_\_\_  
Signature (MENTOR)

\_\_\_\_\_  
Date

New Jersey Youth ChalleNGe  
**Organization**

**State of New Jersey**  
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
NJ YOUTH CHALLENGE ACADEMY  
POST OFFICE BOX 256  
SEA GIRT, NJ 08750

PHILIP D. MURPHY  
*Governor*  
*Commander-in-Chief*

SHEILA OLIVER  
*Lieutenant Governor*

★  
LISA J. HOU, D.O.  
*Brigadier General*  
*The Adjutant General*

Safeguarding Confidential and Privacy Act – Protected Data

1. Purpose

The purpose of this policy is to set forth guidelines to ensure the safeguarding of confidential and Privacy Act – protected data within all New Jersey Department of Military and Veterans Affairs (DMAVA) locations and facilities.

2. Applicability

This policy applies to all state employees, contract employees, hourly employees, office, and agencies (to include volunteers, mentors, and contract workers) within the New Jersey Department of Military and Veterans Affairs (DMAVA) that handle, process, review, access, or store confidential or Privacy Act-protected information.

3. Policy

- a. All individuals are prohibited from removing any confidential or Privacy Act-protected information, either electronic or hardcopy, from their primary work site to alternate work sites, their home of record, or any other location outside of department facilities that is not specifically authorized in the official performance of their assigned duties. Individuals will take all physical security measures necessary to ensure that confidential information is not compromised while in transit or outside of an official work site. Instances where exposure of confidential and/or Privacy Act-protected data could occur should be minimized to the greatest extent possible in the performance of required duties.
- b. Individuals are further directed to ensure that all confidential and or Privacy Act-protected information is secured in a locked cabinet, office, or secure work area during any extended period that an individual is away from their work area and at the end of each work day.

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Print Name (MENTOR)

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Date

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Signature (MENTOR)

New Jersey Youth Challenge  
Organization

# New Jersey Youth ChalleNGe Academy

## SPECIAL INSTRUCTIONS FOR FINDING YOUR MENTOR APPLICANT(S)

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Dear Youth Academy Applicant and Parent(s),

The New Jersey Youth ChalleNGe Academy is a 17 ½ month program. The time spent living at the program site is called the residential phase. The 12 months after the Cadet returns home is referred to as the post-residential or mentoring phase. During both of these phases the Cadet is required to be in contact with his/her Mentor weekly, beginning as soon as the two are officially matched. All Cadet **must** have a Mentor. No exceptions will be made. Your Mentor applicant(s):

1. Must be the same gender as the youth.
2. Should be at least 21 years old.
3. Must NOT be a member of the immediate family (including parents, in-laws, significant others of parents, siblings, etc.) nor a current or past resident of the same address.
4. Should live within a reasonable distance of where the youth will live during the **post-residential phase**. Reasonable distance is defined as the distance acceptable to both the Mentor and the youth.
5. **Must consent to a criminal history background check. This check must be free of any sex crimes. It must also be free of felonies, alcohol or substance abuse within the last five years.**
6. Must have a desire to volunteer some of their time for the youth and the program.

Prior to acceptance you must recruit ONE DEPENDABLE ADULT ROLE MODEL – called PRIMARY MENTOR – that meets the criteria listed above, and that can attend the four-hour Mentor Training. This training date will be sent to your Mentor. It is the Cadet Applicant’s responsibility to keep the Mentor Applicant informed about their acceptance status. **Primary Mentor Nominees must complete training on or before the first day of the class.** The youth does not need to know the adult but should do the “asking” for help. The Mentor Brainstorm Worksheet is provided for our use and has helped 9 out of 10 youths find a dependable mentor nominee. We suggest the following as good sources for Mentor recruits:

1. Ask retired adults from your community.
2. Ask at local Churches for interested members.
3. Ask at local Civic Organizations (Lion’s, Kiwanis, Rotary, Elk’s, VFW, etc.).
4. Ask work associates, friends, or neighbors of immediate or extended family members.
5. Ask your community protectors such as firemen and police officers.
6. Ask National Guard members from your community.

Experience has shown that recommending adults whose primary responsibilities involve mentoring such as schoolteachers, counselors, coaches, ROTC leaders, military recruiters, as well as pastors do not have time and energy for additional mentoring duties, or they may have conflicting interests. Please discuss thoroughly the ChalleNGe Academy’s 17 month mentoring program with them before asking them to be a mentor. If you have any questions regarding any of the Mentor Application forms, or the mentoring program, feel free to contact us.

Sincerely,

The RPM Department  
800-997-5587

# New Jersey Youth ChalleNGe Academy

## FINDING A MENTOR WORKSHEET

Use this worksheet to help you network. Don't concentrate on what a mentor is or needs to do. Just fill in as many names of people that you or someone else may know. These do not need to be people that anyone knows well. Use another piece of paper if necessary. Get as many people as you can to help you fill in more names. The object is to come up with as many names as you can. Once finished, use the list to contact people and ask for help either to find an adult interested in mentoring or to consider it themselves. Discuss the names with your family and pick your top three to five choices for a mentor. Contact them or ask someone that knows them better to introduce you. Explain that you are applying for a military-style academy to further your education and you need an adult teammate to mentor you. If they have questions that you are not sure about, be sure to give them the application anyway, and point out the telephone number they can call to find out more before deciding. Follow up with them in a few days. If they agree to sign up, be sure and thank them. If they decline, be sure and thank them for thinking about it, and politely ask if they may know someone else who might be interested.

Dad's Friends	Mom's Friends	Brother's Friends	Sister's Friends	Parents of Friends
Uncle's Friends	Aunt's Friends	Cousin's Friends	Past/Present Work Associates	Work Associates of Parents
Work Assoc. of Family	Neighbors	Neighbors' Friends & Family	Family/Friends that Attend a Church	Church Friends of those Members
Pastors	Retired People Anyone Knows	Teachers or People they Know	Local Business Owners or Workers	Cell Phone Directories
Holiday Card Lists	Email Addresses	Community Leaders	Others	Others

Youth's PRINTED Last Name: \_\_\_\_\_ Youth's PRINTED First Name: \_\_\_\_\_