



Keystone State Challenge Academy Mentor Application Packet

Data provided in this process is protected by the Privacy Act of 1974 (5 U.S.C. § 552a)

Principal Purpose: To select mentor applicants for participation in the Keystone State Challenge Academy

<u>Disclosure</u>: The Mentor applicant must submit to all applicable background checks and screenings as required by the Commonwealth of Pennsylvania as an adult holding a volunteer position having direct contact with children. Persons who have a criminal record that results preclude them from working with youth cannot be considered for participation in the Keystone State Challenge Academy as a Mentor.

Disclosure of all information requested by the KSCA is voluntary, however, mentor applicants who do not provide the requested information will not be considered for participation in the program.

Your application will not be considered complete until all documents have been received. Documents can be submitted by email, or traditional mail

SUBMISSION BY EMAIL: If you want to submit documents by email, please scan the documents and attach them to an email.

Email Address for Submissions: <u>RA-MVPACHALLENGE@pa.gov</u>

SUBMISSION BY STANDARD MAIL: If you want to mail your documents in, please send them to the following address.

Mailing Address for SUBMISSIONS:

Keystone State Challenge Academy ATTN: Mentor Coordinator BLDG 7-14 Fort Indiantown Gap Annville, PA 17003

The complete Mentor Application Packet contains the following documents:

- Mentor Application Cover Letter (this document)
- Mentoring Parent Letter (does not require any action on the part of the Mentor Applicant)
- Explanation to Potential Mentor
- Mentor Core Application
- Mentor Authorization and Release
- Mentor Liability Release
- Mentor/Cadet Agreement
- Mentor Personal Reference (TWO of these need to be submitted)



Keystone State Challenge Academy Applicant Mentor Prospect Information

Dear Parent/Legal Guardian(s),

The Post-Residential Phase of the Keystone State Challenge Academy (KSCA) is crucial to the long-term success of Applicants. The goal of this phase is to ensure Cadets achieve their identified goals and remain free from negative life choices such as criminal activity and substance abuse problems. Mentors who are committed to helping the youth that they volunteer for are indispensable to the Post-Residential Phase of the KSCA, and ultimately aid in the long-term success of the Cadet.

Applicants should be actively involved in identifying potential mentors through relationships they have had prior to entering the KSCA. This helps produce a "friendly match" which helps to eliminate the isolation that many mentors/mentees may feel when matched with someone they are unfamiliar with. Each KSCA Applicant needs to identify at least one mentor candidate and a mentor worksheet was provided in the "Additional Required Documents-Part 1" that you should have already received with your Applicant's conditional acceptance. Mentors can be found in many places; youth workers, teachers, parent's co-workers, coaches, business professionals, community workers, neighbors, police officers, fire fighters, etc.

QUALIFICATIONS OF A MENTOR

- Be at least 21 years old and the same gender/sex of the Applicant (cross-gender matches are allowed on a case-by-case basis with approval by the program director with staff recommendation)
- Live in the same geographical area (ideally within 50 miles) of the Applicant
- Must consent to all applicable criminal background screenings required by the Commonwealth of PA for working with children
- Will not be of the same household, an immediate family member (i.e., parent, step-parent, sibling, step-sibling, foster parent, legal guardian), or KSCA staff members (including their spouses or significant others).
 - Mentors will not be matched with more than one cadet unless the Program Director has given written approval.
- Must have a desire to volunteer their time for the Applicant and the program over the 17 ½ months of the program (22- weeks Residential Phase and 12-month Post-Residential Phase)

EXPECTATIONS OF MENTORS

- Complete all required mentor training to prepare for the role
- Begin building relationship with the Cadet by writing weekly letters and providing encouragement during the 22-week Residential Phase
- Continue the Mentor-Mentee relationship through regular visits, mail or email, and telephone during the 12-month Post-Residential Phase
- Provide guidance for social development and achievement of the Cadet's goals and objectives (identified on the Post-Residential Action Plan that will be created) after graduation.
- Submit regular progress reports (monthly) to the assigned KSCA staff members for the 12-month Post-Residential Phase.

All individuals accepted to be a mentor MUST ATTEND MENTOR TRAINING which will be provided by the KSCA. Individuals will receive training in program requirements, guidance in working with at-risk youth, supportive resources, and training in required reporting methods before they begin their role as a mentor. Mentors will be notified in advance of upcoming training sessions.

If you have any questions regarding any of the Mentor Application Forms, or the mentoring program in general, feel free to contact me.

Sincerely,

Lean Weed

LeAnn Weed Lead Counselor Keystone State Challenge Academy 717-861-7514 leweed@pa.gov







Keystone State Challenge Academy Explanation to Potential Mentor

<u>Purpose</u>: Each Cadet attending the Keystone State Challenge Academy (KSCA) is paired with an adult mentor- chosen by the cadet – to help advise, guide, and assist them throughout the Residential and Post-Residential Phases of the program. You may also submit an application to be a mentor for a Cadet, who because of their individual circumstances is unable to find a mentor.

<u>Mission Statement</u>: The mission of the Keystone State Challenge Academy is to provide Pennsylvania teens who are struggling in high school, a path to achieve the self-discipline, education, and skills necessary to succeed as productive, responsible citizens through an engaging, safe, and structured residential experience at Fort Indiantown Gap, PA.

Background: KSCA is part of the larger National Guard Youth Challenge Program, authorized and funded by the Department of Defense and conducted by the National Guard. The National Guard Youth Challenge Program was established in 1993 and there are currently 40 programs in 30 states and territories (some states have more than one program). The goal of the program is to give is to give those who are at risk of not completing a high-school education a second chance. One of the most important things that you need to know is that the program is voluntary, and youth are required to apply for admission.

The KSCA is not like a regular high-school, and it is not designed to be easy. It is a 22-week residential program conducted in a quasi-military style format that provides principles, structure, and emphasis on discipline and personal responsibility. The Cadet is a member of a training platoon, lives in a barracks building, wears a uniform, abides by established grooming standards, observes military customs and courtesies, participates in marching, and is held accountable for their words and actions.

The KSCA staff is caring, dedicated, trained, and committed to helping the Cadets who attend. KSCA staff understands and appreciates the courage and commitment that each Cadet had to make the decision to attend the Academy. Staff will do everything that they can to help a Cadet succeed and help them meet our high standards in a way that is tough and disciplined, yet caring and respectful in order to instruct, train and motivate the Cadet.

After graduating from the KSCA, the Cadet continues to work with an adult mentor in a positive relationship that supports the Cadet in applying the positive values and skills acquired during the 22-week Residential Phase to their lives back in their community. This Post-Residential Phase is a major factor in the overall success of the Academy, and we devote a significant amount of staff time and attention to supporting the mentoring program. Each Cadet is required to have a mentor who is a positive role model in their life and will commit to working with them after graduation.

What is Mentoring?

Mentoring is a positive one-on-one relationship between a youth and an adult that provides emotional support, advice, and guidance to help the youth deal with the challenges of life. The goal is to help the youth understand the skills and confidence to deal with those situations and be able to responsibly make good choices in the future. The role of a mentor is not to replace a parent or guardian, but rather to provide additional information and prospectives that might otherwise not be available to them.

What is Expected of You as a Mentor for a KSCA Cadet?

If you agree to be a mentor for a specific Cadet or want to be considered for a mentor position with a Cadet who is having trouble finding a suitable mentor, you are making a commitment of time, attention, and dedication. We cannot quantify any of these, however, in terms of the potential impact that you could have on a youth's life, the cost is negligible, and the rewards are immense.

If after reading this, you are still interested in becoming a mentor, we welcome you to continue to the next pages of this packet and complete the mentor application.

Sincerely,

Lean Week

LeAnn Weed Lead Counselor Keystone State Challenge Academy

KSCA Form 40-3 Effective: 04/06/2022 Revised: 04/06/2022





Keystone State Challenge Academy Mentor Application

| Section 1: Mentor Information | | | | | | | | | | | | | | | | |
|-------------------------------|----------|---------|--------|-----------|-------------|-----------|----------------------|-------------|---|------------------------|----------|-------------------------------|----------------------|------------|---------------|---------------------|
| | | Last | Name | : | | | | First Name | | | | | | Middl | e Name | |
| | | | | | | | | | | | | | | | | |
| | | | Pref | erred Na | ame | | | | Gender | | | Birthdate (mm/dd/yyyy) | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | Addre | ss Line 1 | | | | | | 1 | Addre | ess Line 2 | | | |
| | | | | | | | | | | | | | | | | |
| City | | | | | | | | State | | | | Zip | | | | |
| | | | | | | | | | | | | | | | | |
| Phone Number | | | | | | | | | En | nail | | | | | | |
| | | | rofor | ad Cont | act Metho | 4 | | | | | | Doot Timo t | Contact | | | |
| | | ł | reien | eu conta | activietho | u | | | | | | Best Time to | Contact | | | |
| 🗆 Email | E | D Phone | Call | | 🗆 Text M | lessage | e 🗌 Mail | | | | | | | | | |
| | | | | Pres | ent Emplo | yer | | | | | | C | ccupatior | I | | |
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| | | | | | | | | Highest Edu | ucation Le | evel Completed: | | | | | | |
| 🗌 High Scl | hool/GI | ED | |] Techn | ical/Trade | School | | ollege/Univ | ersitv | Other: | | | | | | |
| | | | | | | | | - | - | th Youth/Children: | | | | | | |
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| | | | Cur | rrent Hea | alth | | | | | | Any Spe | ecial Concern | s/Limitatio | ons | | |
| Poor | | 🗌 Fair | | G | ood | □ e | Excellent | | | | | | | | | |
| Driver's | s Licens | se | Hav | ve Own 1 | Transporta | tion | | Insura | nce Com | pany | | Note: For N | lentor Ap | plicants i | with a driv | ver's license and |
| | | | | | | | | | valid automobile insurance, a copy of the license and of insurance is required as part of the application prod | | | | he license and proof | | | |
| □ Yes | | No | | Yes | | C | | | | | | | e is requi | i eu as pa | i i ui iiit a | pplication process. |
| | | | | | | | | | 2: Mentee | e Information | | | | | | |
| | | | | Nar | me of the A | Applicar | nt you would like to | omentor | | | | | | Clas | s Cycle | |
| | | | | | | | | | | | | | | | | |
| | | | | ١ | What is you | ur relati | onship to the Appl | icant? | | | | How long have you known them? | | | | |
| | | | | | | | | | | | | | | | | |
| | <u> </u> | | | | | | Why do you thi | nk you wou | ıld be a g | ood mentor for this Ap | oplicant | ? | | | | |
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| | | | | | | | | | | | | | | | | |
| | | Hov | / many | y miles d | lo you live | from th | e Applicant? | | | Doy | you und | lerstand that | this comm | itment is | for 17 ½ m | onths? |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | B | y sign | ning belo | ow you ce | | | n provided | on this a | application is true an | nd accu | rate to the b | est of you | | | |
| | | | | | | Si | gnature | | | | | | | D | ate | |
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Please provide the two (2) enclosed "Mentor Personal Reference" forms to two individuals to complete and return to the KSCA.

KSCA Form 40-4 Effective: 04/06/2022 Revised: 04/06/2022





Date (mm/dd/yyyy)

Keystone State Challenge Academy Mentor Authorization and Release Statements

Authorization to Collect and Store Personally Identifiable Information (PII)

The Keystone State Challenge Academy (KSCA), as an agent of the Pennsylvania Department of Military and Veterans Affairs, collects personal information requested in the mentor application forms and information generated during the Residential and Post-Residential Phases as authorized by the Information Practices Act of 1977. Personally identifiable information is information about a natural person that identifies or describes an individual. This information is including but not limited to, name, social security number, physical description, home address, telephone numbers, email addresses, education information, financial information, medical information, or employment information which can be readily identifiable to that specific individual. PII collected shall be relevant to the purpose for which it is needed. KSCA uses this information principally to identify and evaluate mentor candidates for participation in the program, as well as for inclusion into program databases maintained by the KSCA. Submission of all requested information in mandatory. KSCA cannot consider your mentor application for review and acceptance unless all requested information Practices Act of 1977. KSCA makes every effort to protect the personal information you provide as required by the Privacy Act of 1974 and the Family Educational Rights and Privacy Act of 1974 (FERPA). Personal data collected may not be disclosed, made available, or otherwise used for a purpose other than those specified, except with the consent of the subject of the data, or as required by law or regulation.

By your signature below, you hereby agree to and acknowledge the collection and storage of personally identifiable information about yourself, as well as other persons you list in your mentor application form and reference letters.

Mentor Name (Printed)

Authorization for Release of Information and Liability (Permission for Background Checks)

Mentor Signature

In accordance with the Privacy Act of 1974, I hereby authorize and consent to the release of information and records bearing my personal history, arrest, and convictions, in any way to agents of the Commonwealth of Pennsylvania or applicable law enforcement agencies for the strict purpose of obtaining a criminal background check. Upon request a copy of this signed statement may be furnished to the applicable agent of the Commonwealth or law enforcement agency furnishing such information or record. This information will be used for the purpose of determining my eligibility as a participant as a Mentor with the KSCA in accordance with applicable state law, federal law, and Department of Defense directives.

I fully understand that the information collected may be of a sensitive, confidential, and privileged nature, and may reflect upon my suitability for the Mentor position I am seeking. I hereby release the Commonwealth of Pennsylvania, and their officers, agents, employees, successors, and assigns from any and all liability and damage that may result from the exchange of requested information for the purposes of obtaining the required criminal background checks.

| Mentor Name (Printed) | Mentor Signature | Date (mm/dd/yyyy) | | |
|-----------------------|------------------|-------------------|--|--|

Keystone State Challenge Academy Media Release

I the undersigned, do hereby consent and agree that the Keystone State Challenge Academy (KSCA), its employees, and its agents have the right to take photographs, videotape, or digital recordings and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion and marketing of the program. I further consent that my name and identity may be revealed therein or by descriptive text or commentary unless otherwise prohibited by law or court order. I do hereby release the KSCA, its employees, and its agents all rights to exhibit this work in print and electronic format publicly or privately and to reproduce any images of the undersigned applicant for marketing and promotional materials. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial compensation or other renumeration for recording me, either for initial or subsequent transmission or playback. I also understand that the KSCA is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

| Mentor Name (Printed) | Mentor Signature | Date (mm/ | /dd/yyyy) | |
|-----------------------|------------------|-----------|-----------|--|





Keystone State Challenge Academy Mentor Release of Liability

Purpose

This form advises you that you are agreeing to hold the Keystone State Challenge Academy (KSCA), the Commonwealth of Pennsylvania, the Pennsylvania Department of Military and Veterans Affairs, and the Pennsylvania National Guard and their agents, employees, successors, and assigns harmless for injuries, damages, and/or losses you incur as a result of becoming a mentor and participating in mentoring activities. It also explains that as a Mentor, you are not considered an agent, employee, or representative of the KSCA and therefore not covered under any state/agency insurance or Labor and Industries disabilities coverage for any expenses, injuries, damages, and/or losses you incur as a result.

Volunteer Mentor Activities

I understand and agree that while volunteering as a Mentor with the KSCA that I will be engaging in Academy-based and community-based activities with my Cadet. I understand that these activities may include a variety of interactions between my mentee and myself to include; letter writing, telephone calls, and day visits during the Residential Phase of the Academy. These activities may have inherent risks such as physical activity, community service projects, or recreational activities. I recognize that I must exercise care in supervising my mentee during the residential phase of the mentoring relationship; including planning and selecting the type of activities 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, mentee social skill building, and other related activities.

Volunteer Mentor Status

I understand and agree that I am not an agent, employee, or representative of the Commonwealth of Pennsylvania, the Pennsylvania Department of Military and Veterans Affairs (DMVA), the Pennsylvania National Guard, or the Keystone State Challenge Academy (KSCA) in my capacity as a mentor, nor will I make a claim to be a representative of the aforementioned entities. 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, lease or rented equipment I use while performing as a volunteer mentor. No liability or any other insurance coverage will be provided to me by the KSCA, DMVA, or the Commonwealth of Pennsylvania.

Hold Harmless

The Mentor will hold harmless the Keystone State Challenge Academy (KSCA), the Pennsylvania National Guard, the Pennsylvania Department of Military and Veterans Affairs (DMVA), and the Commonwealth of Pennsylvania, and its employees, agents, assigns, and successors while performing their mentoring activities, from any and all costs, claims, judgements, 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 mentor 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 the case of any claim, suit, or action is brought against the Keystone State Challenge Academy, the Pennsylvania National Guard, the Pennsylvania Department of Military and Veterans Affairs, and/or the Commonwealth of Pennsylvania and 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 judgement and/or award of damages.

| This indemnification and waiver shall survive in perpetuity beyond the termination of the Mentor's volunteer service. | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Mentor Name (Printed) Mentor Signature Date (mm/dd/yyyy) | | | | | | | | | | |

KSCA Form 40-6 Effective: 04/07/2022 Revised: 04/07/2022





Keystone State Challenge Academy Mentor and Cadet Agreement

Purpose

This document must be signed in the presence of a parent/legal guardian of the youth applying to the Academy as well as the youth applicant, and the primary mentor applicant. This agreement provides the essence of why you and your youth will enter into this mentoring relationship. As a volunteer mentor, you should know that your application and eventual training does not guarantee your youth will be accepted into the program or will complete the program if they are accepted. Entering the mentor screening process through application and training will nonetheless send a very strong message to the youth that you care about their future and their success. Official mentoring will start from the "match" as designated by the academy only. If a student fails to complete the program, official mentoring will cease, but friendships cannot be mandated or managed. The parents/guardian, youth, and mentor will decide in such circumstances the degree of the adult volunteer's involvement.

Agreements

The Keystone State Challenge Academy Mentor and Cadet Applicant agree to the following:

- Commit to maintaining weekly contact through letter writing, phone, email or any other form of communication
 permitted by the Academy until finished with the 17 ½ month program (22-weeks Residential Phase and 12-month
 Post-Residential Phase).
- Spend time together in person at least four (4) hours per month during the Post-Residential Phase when the Cadet returns to their community.
- Work together on the development and revisions of the Cadet's Post-Residential Action Plan (P-RAP).
- Notify each other in advance, if it is not possible to keep a scheduled meeting or appointment.
- Do our best to get to know, trust, respect, and communicate with each other.
- Assist the Cadet with the transition from the Residential to Post-Residential Phase.
- Allow the KSCA staff to mediate if the match must end early for any reason.
- Update the KSCA staff monthly, and at the end of our 17 ½ month agreement.

| By signing below, we understand these terms of the Mentoring Agreement and will abide by them. | | | | | | | | | |
|--|---------------------------------|-------------------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| Mentor Name (Printed) | Mentor Signature | Date (mm/dd/yyyy) | | | | | | | |
| | | | | | | | | | |
| Cadet Applicant Name (Printed) | Cadet Applicant Signature | Date (mm/dd/yyyy) | | | | | | | |
| | | | | | | | | | |
| Parent/Legal Guardian Name (Printed) | Parent/Legal Guardian Signature | Date (mm/dd/yyyy) | | | | | | | |
| | | | | | | | | | |





Keystone State Challenge Academy Mentor Applicant Reference Form

Overview

Mentor Applicant: This form is to be given to a person who is not related to you and would be able to speak to your character/suitability for the mentorship role. You will need to have 2 of these forms given out and completed.

Mentor Reference: The person giving you this form has applied to be a mentor for a student at the Keystone State Challenge Academy. It is important that we have some additional insight into this individual and their character, emotional stability, etc. Please complete the form below as thoroughly and thoughtfully as possible. Please return this form to the mentor applicant so that they can submit it with their application. If you do not wish to have them see your responses, you may place the form in an envelope before giving it to them. **We must have this form to process their application.**

| Mentor Applicant's Name | Today's Date (mm/dd/yyyy) | | |
|-------------------------|---------------------------|--|--|
| | | | |

| Please answer the following questions about the Mentor Applicant to the best of your knowledge: | | | | | | |
|---|--|--|--|--|--|--|
| How long have you known the applicant? | | | | | | |
| | | | | | | |
| What is your relationship to the applicant? | | | | | | |
| | | | | | | |
| Does the applicant have a good home relationship? | | | | | | |
| | | | | | | |
| Does the applicant work well with others? | | | | | | |
| | | | | | | |
| Does the applicant have a tendency to over-commit or get involved in | | | | | | |
| too many things at the same time? | | | | | | |
| Would you recommend the applicant as a good choice to work with | | | | | | |
| teens? | | | | | | |
| Would you want the applicant to mentor your child (or niece, nephew, | | | | | | |
| etc.)? | | | | | | |

| Please rate the Mentor Applicant in the following areas: | | | | | | | | | |
|--|------|---------|--|--|--|--|--|--|--|
| | Poor | Unknown | | | | | | | |
| Personal Habits | | | | | | | | | |
| Character | | | | | | | | | |
| Compassion | | | | | | | | | |
| Completes commitments | | | | | | | | | |
| Emotional stability | | | | | | | | | |
| Maturity | | | | | | | | | |
| Reachable (phone, email, etc). | | | | | | | | | |

| No reference will be considered valid unless the information below is COMPLETE | | | | | | | | | |
|--|------|---------|-------|-------------------|--|--|--|--|--|
| | | | | | | | | | |
| Reference Name (Printed) Reference Signature | | | | Date (mm/dd/yyyy) | | | | | |
| | | | | | | | | | |
| Reference Address | Tele | phone N | umber | | | | | | |