



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

Every Cadet must have a mentor. A mentor is an adult who will be a friend, advocate and role model to the young person. We will assist you with suggestions and possible contacts for mentors.

MENTOR QUALIFICATIONS

- ❖ Age of 25 or older preferred.
- ❖ Must be the same gender as the youth being mentored
- ❖ Must not be a parent, step-parent, or guardian of the cadet (cannot be uncle, older sibling living outside of cadet home)
- ❖ Must not live in the same household as the Youth Challenge cadet
- ❖ Must be accessible to the cadet's home to allow monthly contact after graduation from Youth Challenge
- ❖ Must be able to pass a criminal background check

MENTOR RESPONSIBILITIES

- ❖ Write letters/cards to cadet while he is living at BYC
- ❖ Attend AT LEAST ONE training session at the program site. Mentor will be with cadet on that day! Several dates will be offered on weekends and weekdays to choose from!
- ❖ Maintain consistent contact with the cadet over a 17-month period
- ❖ Have contact with Cadet each month during the 12 months post residential phase (email, phone, face to face). 4 contacts through any of these means. At least one face to face.
- ❖ Provide a monthly report to NYCSC each month during the 12-month post residential phase.
- ❖ Mentors are bound by confidentiality and cannot divulge any information a cadet shares with him.
- ❖ Must pass criminal background check

MENTOR APPLICATION IS DUE BEFORE CADET BEGINS PROGRAM!

Belize Youth Challenge Program: 21 Mile George Price Highway
Tel – 235 2429 Email: challenge@humandev.gov.bz



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

DATE: _____

BYCP MENTOR APPLICATION

(Please Print)

TITLE/NAME: _____
(Mr., Ms., Mrs., Dr., Rank) (First) (Middle or Initial) (Last)

SS # _____ ARE YOU A FORMER NYCSC MENTOR? ___ YES ___ NO

If yes, please state when: _____

NAME OF CADET YOU ARE APPLYING FOR: _____

RELATIONSHIP TO CADET (FRIEND, TEACHER, GRANDPARENT, OTHER) _____

Mentor SEX: ___ M ___ F Mentor DATE OF BIRTH: ___/___/___ Mentor Ethnicity: _____

OCCUPATION (PLEASE BE SPECIFIC): _____

HOME PHONE: _____ WORK PHONE: _____ EXT _____

___ You may call me at work ___ Please do not call me at work

CELL: _____ FAX NUMBER: _____ BEST TIME TO CALL _____

EMAIL ADDRESS: _____

MAILING ADDRESS: (please print) _____

WOULD YOU BE WILLING TO MENTOR ANOTHER YOUTH IN YOUR AREA? ___ YES ___ NO

References: Give the attached Reference Response forms to the persons listed below to complete and return to our office. Must have telephone number.

A.

(1) NAME: _____ PHONE NUMBER: _____

(2) RELATIONSHIP: _____

(3) MAILING ADDRESS: _____

B.

(1) NAME: _____ PHONE NUMBER: _____

(2) RELATIONSHIP: _____

(3) MAILING ADDRESS: _____



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

CADET NAME: _____

BELIZE YOUTH CHALLENGE PROGRAM MENTOR REFERENCE FORM

(To be completed by Reference Person about person applying to be a Mentor, not cadet)

_____ HAS VOLUNTEERED TO MENTOR A BYCP CADET!
(MENTOR VOLUNTEER NAME)

He is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you answering the questions on this form as fully and carefully as you can. This information received will be kept in confidence.

1. How do you know the mentor volunteer?
 - FRIEND _____ RELATIVE _____ WORK _____ OTHER _____
2. Does the mentor volunteer have the qualities to be a role model?
 - YES _____ NO _____
3. Does he work well with others?
 - YES _____ NO _____
4. Does he take a commitment seriously and stand by it?
 - YES _____ NO _____
5. Would you want the mentor volunteer to mentor your child?
 - YES _____ NO _____

How would you rate him so far as the following are concerned?

(Please rate each one 1 - 5: 1 = Poor; 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent)

PERSONAL HABITS _____ RECEIVES CONSTRUCTIVE CRITICISM _____
 HEALTH _____ COMPLETES COMMITMENTS _____ EMOTIONAL STABILITY _____
 RELIABLE _____ COMPASSION _____ CHARACTER / MORALS _____

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth? Circle response: YES NO (if no, please explain or contacts our office by phone!)

EXPLANATION: _____

REFERENCE NAME: (print) _____ SIGNATURE: _____

REFERENCE ADDRESS: _____

REFERENCE PHONE #: _____



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

CADET NAME: _____

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5. How do you know the mentor volunteer?

- FRIEND _____ RELATIVE _____ WORK _____ OTHER _____

6. Does the mentor volunteer have the qualities to be a role model?

- YES _____ NO _____

7. Does he work well with others?

- YES _____ NO _____

8. Does he take a commitment seriously and stand by it?

- YES _____ NO _____

5. Would you want the mentor volunteer to mentor your child?

- YES _____ NO _____

How would you rate him so far as the following are concerned?

(Please rate each one 1 - 5: 1 = Poor; 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent)

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HEALTH _____ COMPLETES COMMITMENTS _____ EMOTIONAL STABILITY _____

RELIABLE _____ COMPASSION _____ CHARACTER / MORALS _____

If you were in our position, would you, without hesitation, consider this person as a mentor for an at-risk youth? Circle response: YES NO (if no, please explain or contacts our office by phone!)

EXPLANATION: _____

REFERENCE NAME: (print) _____ SIGNATURE: _____

REFERENCE ADDRESS: _____

REFERENCE PHONE #: _____



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

CADET NAME: _____

BELIZE YOUTH CHALLENGE PROGRAM MENTOR LIABILITY RELEASE & POSITION SUMMARY

Duties and Responsibilities of Mentor

- Commits to spending at least 22 months in consistent contact with a cadet.
- Returns completed application promptly.
- Attends Mentor Day training unless approved exception to this requirement.
- During the POST RESIDENTIAL PHASE (after cadet graduates and returns home) makes consistent contact with the cadet by phone, mail, Email or in person. 4 hours of contact per month is required, with at least 1 face-to-face each month during the Post-Residential phase.
- Observes all Program policies and guidelines for mentors. Discusses violations of policies by cadet with post-residential staff.
- Discusses with the cadet his progress toward the fulfillment of the Post Residential Action Plan on a monthly basis.
- Refers the cadet to community resources as needed and helps the cadet obtain those resources.
- Shares occasional, informal, and fun activities with his cadet.
- Communicates monthly (by phone, email or Monthly Report) with the post-residential staff.
- Promptly informs the post-residential staff of problems or needs in the cadet's life or in their relationship.

I understand and agree that I will be the one actually spending time with my matched corps-member, and that I must exercise care in supervising my corps-member while we are together. I also understand and agree that I am not a Challenge agent, and that I am responsible for choosing and conducting all activities with my corps-member, and that Challenge does not retain any power to control how these activities are conducted. 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.

SIGNATURE OF MENTOR: _____ DATE: _____



BELIZE YOUTH CHALLENGE PROGRAM MENTOR APPLICATION

CADET NAME: _____

AUTHORIZATION TO DISCLOSE CRIMINAL RECORDS

POSITION APPLYING FOR:

Belize Youth Challenge Program Mentor

Applicant will be screened under the standards for: Volunteer working with Children

Facility or Agency requesting information:

Belize Youth Challenge Program

Facility or Agency Authorized Representatives:

(PLEASE PRINT THE FOLLOWING INFORMATION)

APPLICANT'S FULL NAME: _____
(Last) (First) (Middle or Maiden)

DATE OF BIRTH: _____ SEX: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

APPLICANT'S PHYSICAL ADDRESS (NO P.O. BOXES): _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature below, I hereby authorize the release of any or all local, state, or federal criminal records information maintained in files which may confirm or deny my eligibility for the position applied for with the facility or agency named above.

APPLICANT SIGNATURE: _____