



**OREGON NATIONAL GUARD
YOUTH CHALLENGE PROGRAM
(OYCP)**

23861 DODDS ROAD
BEND, OREGON 97701
541-317-9623
FAX 541-388-9960



A BETTER OREGON...ONE YOUTH AT A TIME

WWW.OYCP.COM

**CADET
APPLICATION**

**THE OREGON NATIONAL GUARD YOUTH CHALLENGE PROGRAM
APPRECIATES YOUR INTEREST**

OYCP'S MISSION

To provide opportunities for personal growth, self-improvement and academic achievement among Oregon high school drop outs, students no longer attending, and those failing in school, through a highly structured, non-traditional environment; integrating training, mentoring, and diverse educational activities.

OYCP TABLE OF CONTENTS/ APPLICATION CHECKLIST

Please use applicant's LEGAL names as listed on Birth Certificate or Court Document

All references to Guardian are referring to Parent/Legal Guardian

Keep for your records

- Pages (1-6): Oregon National Guard Youth Challenge Program Overview including the cover sheet, and table of contents. Applicant and Parent must read and understand.

All pages and legible copies of documents listed below are due by the application deadline date provided at orientation

- Page (7): Mandated Eligibility Criteria Form
- Page (8): Certification of Drop Out Status
- Page (9): Applicant Contact Information
- Page (10): Applicant Statistical Information
- Page (11-12): Applicant OYCP Participation Agreement
- Page (13): OYCP Parent/Guardian Understanding/Agreement for Child Participation
- Page (14): OYCP Overview
- Page (15-16): Family Education and Privacy Act (FERPA)
- Page (17): Applicant Goals
- Page (18): OYCP Consent for Release of Confidential Information
- Page (19): OYCP Understanding of Limited Medical Services
- Page (20): Insurance Coverage Information
- Page (21): OYCP Safeway Pharmacy Registration Form
- Page (22-24): OYCP Physical
- Page (25): OYCP Required Dental Exam
- Page (26): OYCP Consent for Release of Confidential Criminal History Information
- Page (27-33): Mentor Application Booklet #1 _____
- Page (34-40): Mentor Application Booklet #2 _____

YOU MUST SUBMIT LEGIBLE COPIES OF...

- High school transcript: most current; must show cumulative GPA, total credits achieved and total credits required to graduate
- Mandatory State assessment testing scores: (i.e. OAKS/Smarter Balanced) ***only if taken during high school***
- Medical insurance policy card: front and back
- Current Immunization records
- US birth certificate: must be from vital statistics (no hospital records of birth)
- Proof of legal residency (I551) card: *if applicable*
- Legal documents that may apply to you: divorce decree, guardianship documents, adoption/foster care documents, death certificates, court orders, etc...
- Medical doctor's orders for special diet: *if applicable*

APPLICATION INSTRUCTIONS

- Obtain an application from website (www.oycp.com), or call 541-317-9623 ext. 223.
 - Verify that you meet the eligibility criteria (see page 7). Call for any questions.
 - Attend an orientation (for class applying for); Applicants and Legal Guardians must attend.
 - Complete and return the application to OYCP no later than the deadline announced at your orientation. Call for any questions; applications will be screened for completeness and eligibility.
 - Submit current legible copies of ALL the following documents:
 - High School Transcript
 - Medical Insurance Card
 - Immunization Records
 - US Birth Certificate
 - Proof of Legal Residency (I551) *if applicable*
 - Legal Documents that may apply to you: Divorce Decree, Guardianship Documents, etc...
 - Medical Doctors orders for special diets; *if applicable*
 - Two mentor applications (primary and alternate) are included in the OYCP application. They are required to be submitted by the deadline announced at your orientation. Please be aware your mentors must meet the following eligibility requirements:
 - At least 21 years of age by the program start date.
 - Same gender as applicant.
 - Willing to commit for 14 months.
 - Live within same geographical proximity of applicant.
 - Pass a criminal background check.
 - Complete a set of mandatory on-line training modules.
 - Attend a seven-hour mentor-training workshop at the OYCP.
 - Must be able to read, write, and speak English.
 - Not an immediate family member or someone who lives with applicant.
 - Must be willing to provide a criminal background check (for applicants without Oregon ID)
 - **CANNOT BE A MENTOR FOR MORE THAN ONE CADET AT A TIME FOR THE SAME CLASS.**
 - Applicants will submit for a mandatory criminal background check (page 28) through the local county juvenile department in which the applicant currently resides.
 - 18-year-old applicants must also submit for a mandatory criminal background check through the local adult court records department in which the applicant resides.
- **The completion of your application is not a guarantee of selection.**
 - **Incomplete applications after application deadline will not be considered.**
 - **Please ensure you have signed all forms requiring your signature.**
 - **Applications may be faxed, emailed, or mailed.**
 - **OYCP does not accept responsibility for lost applications.**
 - **It is your responsibility to ensure we have your application.**

INVITATION LETTER: Applicants that have submitted a completed application, have been selected, and accepted an offer to attend the program, will be mailed an invitation letter; this letter will be sent at a minimum of 14 days prior to the program start date. This letter is exclusive. No one shall enter OYCP without receiving the invitation letter. It is important to follow the detailed instructions in the invitation; it will help answer questions you may have.

INTRODUCTION TO OYCP

The Oregon National Guard Youth Challenge Program is an accredited alternative high school. Eligible individuals are accepted from all 36 counties of Oregon. The school is a non-traditional model that operates similar to a military academy. The program is guided by military principles, structure and self-discipline. Our staff utilize a “hands off”, tough love, caring and disciplined approach to instill values, train, and instruct cadets. Cadets are eligible to earn a high school diploma, GED, or credit recovery of 8 certified credits from required class work completion. The school is accredited by the Northwest Accreditation Commission (NWAC), and approved by the Oregon Department of Education (ODE).

The school is difficult... and very rewarding.

The target population of cadets is generally those considered “academically at risk”, dropped out of school, not attending, or those failing in school. Cadets must be able and willing to participate in all activities to be successful in this program. This is an **ALL OR NOTHING** program. Cadets who enroll in OYCP must complete the entire 5-month residential phase in order to receive any credit recovery or education credential.

There are 2 phases to the program. The first is a 22-week residential phase where Cadets live on site participating in military structure, discipline, physical fitness, service to community and academic classroom instruction.

All Cadets must have a placement plan to integrate back in the community in order to graduate.

The second phase is a 12-month mentor active period when the student returns to the community to implement goals, objectives, placement and post residential activities developed while in the residential phase. Examples of placement may be returning to high school, going on to college, starting a full time job or volunteer work, enlisting in the military, joining Job Corps, or a similar vocational interest.

SELECTION PROCESS

OYCP will select 156 Cadets, comprised of 120 males and 36 female applicants. Selection of candidates will be accomplished prioritizing applicants on a combination of age and academic standing, selecting those applicants eldest who are most “academically at risk” to youngest who are least “academically at risk”.

OYCP’s selection includes the consideration of the health, safety and success of the cadet and staff.

“OYCP IS A PRIVILEGE AND NOT A RIGHT”

OYCP’S GOAL

OYCP’s goal is that each cadet in the program will continue in one or more of the following placements that equal full time (30 hours weekly) after graduating the residential phase. These would include **SECONDARY EDUCATION (re-entering high school), VOCATIONAL TRAINING, POST SECONDARY EDUCATION (college), MILITARY, EMPLOYMENT, OR VOLUNTEER COMMITMENT.**

REASONS FOR TERMINATION FROM OYCP

OYCP is a no –nonsense program that is based on the philosophy that rules and expectations will be followed on our terms, not the terms of the applicant or guardian. OYCP is voluntary... your son or daughter can leave at any time voluntarily. We will make every effort to help your child succeed. However, we reserve the right to send your child home and will exercise that right if progress is not made in accordance to OYCP standards.

THE FOLLOWING REASONS WILL TERMINATE CADETS FROM OYCP

- Continuous disruption/disorderly conduct that prevents the learning and teaching of other cadets. We will not tolerate cadets or their guardians that disrupt the progress and growth of others.
- Any indicated drug or alcohol use or possession while in the program. This includes time spent home on breaks during the residential phase of the program. All Cadets will submit to required drug screens at the beginning of the program, after scheduled breaks or at any time randomly. Failure to submit to a drug screen will result in immediate dismissal.
- Any heinous behavior or action from the cadet that compromises the safety of staff or other cadets
- Any heinous behavior or action from the cadet that compromises the program credibility or is deemed unacceptable and outside the values of the Oregon National Guard and OYCP.
- Any cadet that walks away from any staff without authorization walks away from the facility, or any OYCP sponsored activity.
- Any cadet who is not responding, complying, or making progress within the prescribed policies, procedures, rules, or who continually violates program requirements or who presents ongoing behavior problems.
- Any cadet who no longer wants to participate or who refuses to comply with program and staff requirements.
- Any cadet who is responsible for extensive and deliberate damage to our facility, equipment, or vehicles. Guardians will be charged for damage.
- Any cadet who cannot participate in daily activities due to injury or medical issues (to include dental).
- Any cadet that shows signs or symptoms of mental health issues, including depression, talk or threat of suicide, acts of self-mutilation or any psychological disorders/disruptions.
- Any behavior or act not previously listed deemed fit for dismissal as determined by the Director of OYCP.

OYCP DRUG ENFORCEMENT POLICY

OYCP uses a nationally approved drug screen test that will at a minimum test for the following substances: Amphetamines, THC (Marijuana), Cocaine (benzoylmethylecgonine), Opiates, PCP (Phencyclidine), and Methamphetamines. Our interest is to administer the drug screen objectively with the intentions of accepting all cadets. However, a positive result will immediately terminate the cadet from the program. It is in the best interest of the cadet not to eat any foods that could /should/would show up in the drug screen as a positive test. Doctor prescribed medications that result in a positive test will not terminate the cadet from the program.

OYCP EIGHT CORE COMPONENTS

The Oregon National Guard Youth Challenge Program utilizes the following 8 core components to supplement academics with education to improve areas in personal growth and self-improvement for our cadets.

LEADERSHIP/FOLLOWERSHIP

Learn positive leadership responsibilities, followership responsibilities, and roles within social groups

RESPONSIBLE CITIZENSHIP

Understand civic responsibilities and the roles of a positive citizen within the community

ACADEMIC EXCELLENCE

Increase grade levels in reading and math, attain a GED or high school diploma, and pursue higher education

JOB SKILLS

Learn basic work skills; writing a resume, job interview techniques, and career exploration

LIFE COPING SKILLS

Learn personal finance management, teamwork, anger management, and conflict resolution techniques

HEALTH AND HYGIENE

Understand nutrition basics, substance abuse awareness and avoidance strategies, and personal relationships

SERVICE TO COMMUNITY

Give back to the community by performing a minimum of 40 hours of community service

PHYSICAL FITNESS

Improve personal fitness through daily exercise activities and intramural sports

BENEFITS OF GRADUATING OYCP

- Cadets may earn a GED, High School Diploma, or high school credit recovery
- All graduates receive a letter of recommendation from the Director
- All graduates achieve academic and vocational experience to succeed
- All graduates achieve personal growth, self-esteem, and confidence
- Graduates may have the chance to successfully re-enter high school to achieve a Diploma
- Military branches may consider OYCP graduates with a Diploma



MANDATED ELIGIBILITY CRITERIA FORM

- Yes No **Are you a high school dropout or academically deficient?** A general term that describes a youth who is no longer attending school and who has not received a secondary school diploma or a certificate from a program of equivalency for such diploma. An individual having a high propensity/potential of dropping out of school due to an academic standing that would not allow the youth to graduate on time with his or her current class.
- Must be withdrawn from school before the start of the program and must have **Certification of drop out status** (page 8) signed by the applicant and parents/guardian.
- Yes No **Will you be 16 – 18 years of age at time of entry date into the program?** Definition: If the applicant is 15 years of age or younger or is 19 years of age on the day of program commencement, consideration for the program is denied.
- Yes No **Are you a citizen or legal resident of the United States AND a resident of Oregon for the last 6 consecutive months?**
- Yes No **Are you on parole/probation**, awaiting sentencing, under indictment, accused, or have any open law violations?
- Yes No **Are you on or have you ever been on parole/probation, incarcerated or convicted of a felony?**
- Yes No **Are you Unemployed/Underemployed?** Definition: An individual who is not regularly employed in full time work.
- Yes No **Are you free from the use of illegal drugs or substances?** Selected applicants will be tested; outcome is either pass/fail. Drug free means that an applicant must show no signs or indicators of drug use as determined by a drug detection screen administered by the program.
- Yes No **Are you physically/mentally capable to participate in OYCP?** Reasonable accommodations for physical/other disabilities must be arranged prior to in-process.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

CERTIFICATION OF DROPOUT STATUS / EDUCATION INFORMATION
LEGAL GUARDIAN MUST COMPLETE THIS FORM

- The purpose of this form is to certify that the applicant is a high school dropout prior to the OYCP class start date. Oregon statute "ORS 339.505" defines a "high school dropout" as an individual who: (a) Has enrolled for the current school year, or was enrolled in the previous school year and did not attend during the current school year; (b) Is not a high school graduate; (c) Has not received a general educational development (GED) certificate; and (d) Has withdrawn from school.
- No applicant will be accepted into the program without this certification being completed and received by OYCP

The completion of this form may require information provided by the applicant's previously attended school

PLEASE ANSWER THE FOLLOWING QUESTIONS

- Yes No Is the applicant currently a high school dropout?
Date last attended: _____
- Yes No Is the applicant currently expelled from high school?
Date of expulsion: _____
- Yes No Is the applicant currently enrolled in school?
Anticipated date of withdrawal: _____
- Yes No Is the applicant currently or ever have been on an IEP (Individual Education Plan)?
- Yes No Is the applicant currently in Special Education classes?
- Yes No Is the applicant currently Home Schooled?
If yes, by whom? _____
- Yes No Has the applicant ever been provided ELL (English Language Learner) and/or ESL (English Secondary Language) testing?
If yes, when? _____
- Yes No Has the applicant ever been taken the Oregon Assessment Knowledge and Skills test (OAKS) since enrolled in high school?
If yes, test scores must be submitted with this application

Name of last high school attended: _____

SSID (State Student Identification) Number: _____

By my signature below, I certify as the legal guardian, that my child **has or will meet** the dropout eligibility requirements set by the National Guard Bureau and Oregon's statute for high school dropouts listed above. I confirm that my child **has or will withdraw** from high school prior to the OYCP class start date.

I further understand that if at any time, OYCP learns that the applicant is not a high school dropout or has not formally withdrawn from high school **prior to the first day of the program, they shall be immediately removed from the application process or dismissed.** OYCP reserves the right to pursue legal proceedings "if" false information was or has been provided in this section or any section of the application

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

APPLICANT CONTACT INFORMATION
USE LEGAL NAME AS LISTED ON BIRTH CERTIFICATE OR COURT DOCUMENT ONLY

Name: First _____ MI _____ Last _____ Suff Jr. Sr. I II III IV
Phone: Home _____ Cell _____ Email _____
MSG Phone _____ County of Residence _____
Home Add: _____ City _____ St _____ Zip _____
Mail Add: _____ City _____ St _____ Zip _____

PRIMARY LEGAL GUARDIAN CONTACT INFORMATION

Relation to applicant: Grandparent Legal Guardian Other Parent Sibling Spouse Step-Parent
Name: First _____ MI _____ Last _____ Suff Jr. Sr. I II III IV
Phone: Home _____ Work _____ Email _____
Cell _____ Authorized for applicant pickup: Yes No Legal Guardian: Yes No
Emergency Contact for the applicant? Primary Secondary No County of Residence _____
Home Add: _____ City _____ ST _____ Zip _____
Mail Add: _____ City _____ ST _____ Zip _____

SECONDARY GUARDIAN CONTACT INFORMATION

Relation to applicant: Grandparent Legal Guardian Other Parent Sibling Spouse Step-Parent
Name: First _____ MI _____ Last _____ Suff Jr. Sr. I II III IV
Phone: Home _____ Work _____ Email _____
Cell _____ Authorized for applicant pickup: Yes No Legal Guardian: Yes No
Emergency Contact for the applicant? Primary Secondary No County of Residence _____
Home Add: _____ City _____ ST _____ Zip _____
Mail Add: _____ City _____ ST _____ Zip _____

ALTERNATE CONTACT PERSON IN CASE OF AN EMERGENCY (MANDATORY)

Relation to applicant: Grandparent Legal Guardian Other Parent Sibling Spouse Step-Parent
Name: First _____ MI _____ Last _____ Suff Jr. Sr. I II III IV
Phone: Home _____ Work _____ Email _____
Cell _____ Authorized for applicant pickup: Yes No Legal Guardian: Yes No
Emergency Contact for the applicant? Primary Secondary No County of Residence _____
Home Add: _____ City _____ ST _____ Zip _____
Mail Add: _____ City _____ ST _____ Zip _____

FAMILY TRANSLATOR (MANDATORY FOR NON-ENGLISH SPEAKING GUARDIANS)

Relation to applicant: Grandparent Legal Guardian Other Parent Sibling Spouse Step-Parent
Name: First _____ MI _____ Last _____ Suff Jr. Sr. I II III IV
Phone: Home _____ Work _____ Email _____
Cell _____ Authorized for applicant pickup: Yes No Legal Guardian: Yes No
Emergency Contact for the applicant? Primary Secondary No County of Residence _____
Home Add: _____ City _____ ST _____ Zip _____
Mail Add: _____ City _____ ST _____ Zip _____

APPLICANT STATISTICAL INFORMATION

Applicants Name: Last: _____ First: _____ MI: _____

1. **Date of birth:** _____ **Age:** _____ **Gender:** Male Female
2. **Ethnicity:** Hispanic/Latino YES NO
3. **Race:** American Indian/Alaskan Asian African American Hawaiian/Pacific Islander White
4. **Primary language:** _____ **Language at home** _____
5. **Guardian English fluency:** Fluent Little Not at all
6. **Hair color:** Auburn Black Blonde Brown Red
7. **Eye color:** Blue Brown Green Hazel **Contact eye color** _____
8. **Physical markings** (tattoos, scars, birthmarks, etc...): _____
9. **Vegetarian:** Yes No
10. **Known learning disabilities** _____
11. **Gang status:** Active Not Active Never **Name of gang** _____
12. **Applicants marital status:** Single Married **Applicant's number of children:** _____
13. **Number of children in family household** _____
14. **Family income level:** 0-15K 15-25K 25-35K 35-45K Over 45K
15. **Family household public assistance:** Yes No
16. **Type of assistance:** Food Stamps Cash Aid Medical Free/Reduced school lunch Other
17. **Is the applicant:** Ward of the State Ward of the Court Neither
18. **Applicant parents:** Legally Separated Divorced Married Other _____
19. **Applicant lives with:**
 Grand-Parent(s) Legal Guardian(s) Other Parent(s) Sibling Spouse Step-Parent(s)
20. **Is the applicant:** Foster Child Adopted Homeless None of These
21. **Lived in Oregon:** YEARS _____ MONTHS _____ **State born in** _____ **Stay in Oregon:** Yes No
22. **Times suspended from high school:** _____ **Times arrested or cited for criminal activity:** _____
23. **Discovered OYCP through:**
 Friend Website HS Counselor Media YMCA Law Enforcement Juvenile Department
 Employment Department Commission for Children and Families Department of Human Services
 Armed Forces Recruiter Former OYCP Cadet Boys and Girls Clubs of America Transient Shelter Other (describe) _____
24. **Prior candidate/cadet of any National Guard Youth Challenge Program:** Yes No
 Reason for dismissal: Own request Parent/Guardian request Disciplinary Drug test Medical
25. **Prior applicant to OYCP** (never invited): Yes No **When/what class** _____
 Reason no invite: no space Not eligible Did not finish application Medical reason Unknown
26. **Do you know anyone else who is applying for this class:** Yes No **Family:** Yes No
 Name of person known: _____ Relationship to applicant _____
27. **Name of person who referred applicant to OYCP:** _____

APPLICANT OYCP PARTICPANT AGREEMENT (part 1)

I understand all questions on this application form and state that my answers are true to the best of my knowledge. I also understand that OYCP reserves the right to dismiss any cadet and/or pursue formal legal proceedings "if" false information was or has been provided in this application.

I understand that during the residential phase of the program, there is one family visitation at OYCP that is scheduled in advance. For the purposes of security, safety, and control, I agree to adhere to the following; Visitors are limited to parents, legal guardians, siblings, and/or grandparents. **Girlfriends/boyfriends are NOT allowed in the facility.**

Visitors are required to remain inside the building for the duration of the onsite visit. OYCP is a Federal facility and all items brought inside are subject to search by staff. Visitors must leave all unauthorized items in their vehicles (i.e. weapons, tobacco, drugs, alcohol, backpacks, fanny packs, etc...). Visitors will remain in designated areas only. Staff members will be present and available for questions and answers.

I understand and agree to the following:

- I will learn and follow all rules in the OYCP Cadet Handbook (**ignorance will not be excused**).
- I will listen and obey all orders/commands given by all OYCP staff personnel, written or verbal. (**OYCP will not give any order or directive that compromises your safety, well-being, or integrity**)
- I will not bring or wear any kind of hairpin or barrette during the residential phase of OYCP.
- No phone, cell phone, or email/social networking privileges.
- No Smoking or any tobacco use; OYCP is a tobacco free campus per Oregon state law.
- No jewelry of any kind will be in possession at any time during the residential phase of the program.
- No money is to be given or sent.
- Relationship building opposite gender/same gender, during the residential phase is not permitted
- I will fully participate in all activities, and understand that failure to participate will result in dismissal.
- I will maintain daily personal hygiene.
- I will maintain the safety of myself and others at all times.
- I will not use any kind of illegal substance, tobacco, alcohol, or misuse any kind of prescription medication. I understand that failure to comply with this policy will result in the immediate dismissal from OYCP.
- I understand that the only items allowed in OYCP are those items stated on the supply list issued with the invitation. Any item other than those listed on the supply list can be considered "contraband" and confiscated by OYCP staff. I agree to have OYCP staff search personal belongings, to include mail.
- I understand that any assault or contact with another cadet or staff (physical, verbal, sexual) including provoking, teasing, antagonizing, or encouraging others to do the same will not be tolerated. Senior management will investigate each occurrence to determine the level of discipline up to and including dismissal from OYCP.
- I agree to be on time to all sessions, formations, classes, and meetings in the proper uniform and with the proper equipment.
- I will clean and maintain all areas as instructed by OYCP staff; I will respect the areas and property of others; I will not destroy or deface (write, mark, graffiti) on myself, clothing, equipment or property. I further understand that my Guardians will be held responsible for any deliberate damage I cause.
- I understand and agree to have my photo taken, have video with sound taken, and or be interviewed for purposes of brochures, newsletters, media presentations, or other publications.

APPLICANT: Print

Sign

Date

APPLICANT OYCP PARTICPANT AGREEMENT (part 2)

I understand and agree to the following:

- I will use the chain of command as instructed to resolve complaints or issues.
 - I will wear all issued OYCP uniforms only as instructed (i.e. shirts tucked in, no sagging pants).
 - I understand that any behavior or action that is reflective of “gang” activity (i.e. graffiti, hand signs, body stance, gestures, clothing, and or appearance) will not be tolerated and may subject me to dismissal from OYCP.
 - I will inform OYCP staff of all medications prescribed by a licensed medical provider; I will report all injuries or illnesses to OYCP staff immediately, to receive timely and appropriate treatment.
 - I understand that OYCP uses a “Hands Off” leadership concept. OYCP staff will not touch cadets or use abusive language as a means of coercion.
-
- **I understand that my signature below represents my commitment to complete this program. I will honor my commitment; I will not lie, cheat, or steal or tolerate those who do.**

APPLICANT: Print

Sign

Date

OYCP LEGAL GUARDIAN UNDERSTANDING/ AGREEMENT FOR CHILD PARTICIPATION

I have attended a mandatory OYCP orientation.

I understand the expectations, conditions, and responsibilities associated with my child's participation in the program.

I agree to the following:

- I have the legal authority to enroll this applicant into OYCP.
- I agree to personally pick up and return my child at designated times as indicated by OYCP. I understand OYCP will not arrange or facilitate any travel alternatives (bus, plane, taxi, etc...) regardless of weather, transportation limitations, work or personal obligations. I understand that failure to meet this obligation will result in termination of my child from OYCP.
- I understand that I am responsible for all prescription medications. The program medical staff will attempt to contact me no more than 2 times to seek prescription medication assistance. After a second attempt has been made and parental response has failed, my child will be terminated from OYCP.
- I understand that because of potential medical emergencies, legal or coordination issues that may arise, I agree to keep all cadets contact information current at all times. I agree to update changes to contact information immediately as changes occur so that OYCP staff are not prevented from contacting me in any event of an emergency. If I have to be out of town, I agree to notify the program in advance and make arrangements for contact and emergency care for my child.
- I understand that as a condition of acceptance and retention in the program, I must have a qualified, committed mentor for my child. If it is discovered that my child's mentor is unqualified, uncommitted or unwilling to attend training and meet the required National Guard Bureau standards, my child is subject to dismissal from OYCP. This is a National Guard Bureau mandate. I understand that my child's mentor will be interviewed within the first month to verify qualification and commitment. Failure or rejection of the mentor will result in the termination of my child from OYCP.
- I understand that my child will be issued clothing and equipment during the residential phase. I understand that my child will be required to pay for the replacement of any lost clothing or equipment issued. Payment must occur before any credits, GED, or diploma will be awarded. Payment to the program must take place prior to graduation.
- **I understand that this is a 100% "ALL OR NOTHING" program.** My child will receive no credits, transcripts, test scores, GED grades, or diploma if they quit, leave early, or are terminated for any reason from OYCP.
- I understand the OYCP uses a "Hands Off" leadership concept. This means that no staff member will touch a cadet or use abusive language as a means of coercion. OYCP staff will lead through positive methods that do not involve the use of physical force or verbal abuse.
- I give full permission to OYCP for my child to have their photo taken, have video with sound taken, and or interviewed for the purpose of advertising brochures, media presentations, and other publications.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

OYCP OVERVIEW

(your signatures below will reflect an understanding of the information provided on this form)

Model: OYCP is based upon Oregon National Guard military standards, values and guiding principles

RED STAGE (WEEKS 1&2)

- An acclimation phase. Very physical, highly structured, group discipline and very intense.
- OYCP is managed through high volume drill instruction; Cadre will yell; it will be very different than traditional education; similar to a military basic training model.
- All tasks will be performed "by the numbers": Cadre staff will teach how you will dress, how you will perform personal hygiene, how to march, how to make your bed, etc...
- All tasks will be rated upon TEAM/PLATOON performance. When mistakes occur, it will result in TEAM/PLATOON intervention; incentive training (I.T.) PUSH UPS!
- You will learn the military model, customs and courtesies, the cadet handbook, the rules and policies and how to interact properly within the platoon and the program.

WHITE AND BLUE STAGE (WEEKS 3-22)

- This is when school begins.
- There will be teachers who care and want you to succeed.
- There will be extra help and tutoring available.
- There will be homework at least 4 days a week with study hall.
- You will develop a "cadet action plan" of personal goals you want to accomplish.
- Time will be spent off site performing service to community projects, field trips and other activities.
- Physical fitness training will occur daily.
- Cadets will maintain facility cleanliness standards.

THINGS TO CONSIDER

- You will live as a team/platoon. You will be held accountable as a team/platoon. This includes all activities performed at OYCP when others in your team/platoon are not performing to standard.
- You will eat 3 balanced meals and an evening snack every day.
- Personal hygiene is performed daily and inspections are conducted every evening.
- You will live and sleep in an open bay (60 beds). Wake up is at 0600 and lights out at 2130.
- There will be differences and disagreements. You will be expected to solve problems responsibly.
- OYCP has no tolerance for disrespect, bullying, fighting, lying, cheating, or stealing.
- Everything you do will be done "**OUR WAY AND ON OUR TERMS**".

THINGS TO REMEMBER

- **OYCP staff CARES about your success**, your personal growth and your desire to reach your goals.
- Get ready and prepare early (**physically and mentally**).
- **Choose to succeed**; Over 100,000 youth just like you, have gone before you and chose to be successful.
- **DON'T** take the OYCP discipline, intensity model personal; it is a process... the military way.
- Your reading, math, and language skills will increase significantly. You will have an opportunity to recover high school credits or earn an education credential.
- You will be a better person, filled with self-confidence and self-esteem when you graduate.
- You will have a successful plan in place to act upon after you graduate.
- You will discover that you have many people who care about you and want you to succeed.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

FAMILY EDUCATION AND PRIVACY ACT (FERPA) part 1

The Family Education Rights and Privacy Act (FERPA) afford parents and students over 18 years of age (“eligible students”) certain rights with respect to student education records. These rights are:

- (1) The right to inspect and review student education records within 45 days from the day the School receives a request for access. Parents or eligible students should submit to the Principal a written request that identifies the record(s) they wish to inspect. The School will make arrangements for access and notify the parent or eligible student of a time and place where the records may be inspected.
- (2) The right to request an amendment of the student education record that the parent or eligible student believes to be inaccurate. If a student record is believed to be inaccurate, the parent or eligible student should write the School Principal, and clearly identify the part of the record they want changed, and specify the inaccuracy of the school record. If the School decides not to amend the record as requested, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- (3) The right to consent to disclosures of personally identifiable information contained in the student education record, except to the extent that FERPA authorized disclosure without consent. One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address for the Office that administers FERPA is:

***Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington DC, 20202-5901***

It is the policy of OYCP to release applicant/cadet information, records and files in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA). The FERPA requires OYCP to provide “advance” information to parents, guardians, and cadets 18 years of age or older regarding information the program will release about cadets and to whom.

Information/records will be released under FERPA 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 Cadet seeks to enroll in as long as the Cadet is notified of the transfer of documents and has the opportunity to challenge the content. (ORS 326.575 requires within 10 days of initial enrollment in a public or private school, the school must notify the former school and the former school must transfer all educational records related to the cadet to the new school).
3. State educational authorities, Department of Education, or the Attorney General.
4. State or local officials if the disclosure concerns the juvenile justice system and its ability to serve the cadet, prior to adjudication, as long as the officials certify in writing that the information will not be released to others.

LEGAL GUARDIAN: Print Sign Date

APPLICANT: Print Sign Date

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) part 2

Information/records will be released under FERPA under the following circumstances: (continued)

5. Accrediting/auditing organizations.
6. Parents of a dependent participating.
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.
9. OYCP must disclose to the extent possible, cadet information to law enforcement, child protective services, health care professionals in connection with a health and safety emergency (if the information is necessary to protect the cadet), courts and state/local juvenile agencies (if related to the courts/agency ability to serve the needs of the cadet prior to adjudication). Persons receiving information must certify in writing that the information will not be disclosed.
10. Mentors designated by OYCP and the Cadet will receive a copy of a Cadet Action Plan which contains various scores and results from the cadets' achievements at OYCP, along with the names and addresses of the cadet and cadet's parents/guardians. All mentors receive training and sign an agreement to comply with FERPA confidentiality.

Your signatures below acknowledge and authorize the release of information and that you have been provided advance notice under FERPA. Due to the nature of the structure of OYCP, you are giving your consent that we display and give verbal announcements of scores, grades, and results of assignments, workbooks, projects and tests within the constraint of the classroom, living and work areas

You are encouraged to review the FERPA law if you have questions or want additional information regarding your rights.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

OYCP NOTICE OF DIRECTORY INFORMATION

FERPA requires that OYCP with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education record. However, OYCP may disclose appropriately designated "directory information" without written consent, unless you have requested OYCP to the contrary in accordance with OYCP procedures. The primary purpose of directory information is to allow OYCP to include certain education record data to certain school, and outside agency publications. Examples would include: class yearbook, honor roll or other recognition lists, graduation programs, or public announcements.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside agencies without parent's written consent. Outside agencies include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEA's) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories; names, addresses, and telephone listings. This does not apply if parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. If you do not want OYCP to disclose directory information from your child's education record without your prior written consent, you must notify OYCP in writing 7 days prior to the program start date.

OYCP has designated the following information as directory information:

Student's name, address, telephone listing, email address, age, Parent/Guardian name, address, telephone listing, email address, participation in officially recognized activities and service to community events, cadet photographs and or video with sound, degrees, honors, and awards received, grade level, dates of attendance, current or prior educational status, and the most recent educational agency or institution attended.

Footnotes: These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the No Child Left Behind Act of 2001 (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

APPLICANT GOALS

Please note that this form is mandatory, and is to be completed by applicant only

If given the choice, which of the following placement opportunities would you choose?

- Opportunity to earn up to 8 Certified High School Credits and return to hometown high school
- Opportunity to enlist in the Military Service
- Opportunity to enroll in College
- Opportunity to enroll in Vocational Training
- Opportunity for Employment

OYCP is committed to the education of young people. Success requires careful planning, personal commitment, hard work, and a clear focus. In order to maximize the benefits of this program, you must be focused with clear goals. **OYCP will not consider your application unless your goals are clearly listed.**

A) List your goals for the next year and a half. (Goal # 1= 6 month, Goal # 2= 12 month, Goal # 3= 18 month)

Goal #1 (6 month): _____

Goal #2 (12 month): _____

Goal #3 (18 month): _____

B) How can OYCP help you achieve these goals?

C) Write a statement of what your life will be like one year after graduating from OYCP.

Placement is Mandatory to Graduate!

In order to graduate from OYCP, the cadet must have a verifiable placement: high school, employment, military, vocational school, college, volunteer experience or other approved placement before graduation. You must develop a placement plan and be pursuing that plan while at OYCP. If you do not have verifiable placement prior to graduation you will not receive the OYCP certificate of graduation.

APPLICANT: Print _____ Sign _____ Date _____

OYCP CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Applicant: <u>Last</u>	<u>First</u>	<u>MI</u>	<u>DOB</u>
Legal Guardian: <u>Last</u>	<u>First</u>	<u>MI</u>	
Home Add: _____	<u>City</u>	<u>Zip</u>	<u>County</u>

By my signature below I authorize the State of Oregon, any other state, its counties, its cities and its agencies to submit and or exchange all pertinent information with the Oregon National Guard Youth Challenge Program regarding but not limited to the following: substance abuse history, referral history, court status, social, family, medical and any information as specifically requested by the Oregon National Guard Youth Challenge Program regarding the welfare and quality of life of the applicant mentioned above for the purpose of coordinating services.

I understand that my records are protected under the Federal or State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. OYCP is in compliance with the most prominent of the federal protections for privacy; Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment". FERPA protects the confidentiality of cadet records to some extent, while also giving cadets the right to review their own records. I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent expires automatically thirty-six months (36) to the date applicant's official status is verified as "registered" by way of Oregon National Guard Youth Challenge Policy.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

-----**APPLICANT: STOP HERE, DO NOT CONTINUE ON THIS PAGE**-----

From: Admissions Recruiter, Oregon National Guard Youth Challenge Program
 To: Agency/agency representative (as specified/indicated below)
 Subject: Respectfully request release of confidential information of said individual

The purpose of this request is to acquire information about said applicant indicated above. Information you provide will better assist in considering and/or determining this applicant's potential eligibility for the OYCP. Refer questions to Admissions Recruiter 541-317-9623 Ext. 223. Space is provided toward the bottom of the page for your comments and/or narrative.

<p>JUVENILE DEPARTMENT OR ADULT COURT</p> <p><input type="checkbox"/> Public info. Document <input type="checkbox"/> Criminal background check <input type="checkbox"/> Police report <input type="checkbox"/> Psychological Evaluation</p> <p align="center">Clearly check the box(s) that apply to the youth identified in the above:</p> <p><input type="checkbox"/> currently on parole <input type="checkbox"/> currently on probation <input type="checkbox"/> current pending charges <input type="checkbox"/> currently under indictment</p> <p><input type="checkbox"/> currently charged <input type="checkbox"/> awaiting sentencing <input type="checkbox"/> free of felon/adjudication/conviction <input type="checkbox"/> free of capital offense(s)</p> <p><input type="checkbox"/> free of any and all assault(s) (sexual/domestic/person-to-person/other) <input type="checkbox"/> known gang related ties/activities</p>
<p>DEPARTMENT OF HUMAN SERVICES SELF SUFFICIENCY PROGRAM</p> <p><input type="checkbox"/> Verification of services rendered to applicant/family <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash Aid <input type="checkbox"/> Medical <input type="checkbox"/> All Services</p>
<p>EMPLOYMENT DEPARTMENT</p> <p><input type="checkbox"/> Verification of services rendered <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Other _____</p>
<p>EDUCATIONAL INSTITUTION</p> <p><input type="checkbox"/> Transcript (current or past copy) <input type="checkbox"/> Behavioral</p>
<p>MEDICAL: The following is requested: _____</p>
<p>OTHER: The following is requested: _____</p>

Responding agency comments:

OYCP UNDERSTANDING OF LIMITED MEDICAL SERVICES

OYCP has very limited medical services available to the cadet. Services are limited to emergency care or transport and a weekly sick call service intended to care for minor illnesses that a cadet might experience. We are unable to provide any "on-going" treatment or care. We are unable to accept applicants who will require on-going medical or dental care. Parents/Guardians are to take care of all medical/dental/vision matters that will prevent participation during the program. Staff resources are not available to transport cadets to ongoing medical, dental/vision appointments. All medical conditions must be disclosed at time of application. If it is learned after the applicant arrives at OYCP that serious medical conditions exist, the cadet will be dismissed from the program and sent home. OYCP will not accept responsibility, financial or personal liability, or risk for previous medical, physical or mental histories that limit participation in the program. Applicants must have a physical examination completed by a licensed medical provider no later than one year from the start date of the class for which applying for. All injuries, dental/medical/vision conditions must be resolved and the applicant free from additional required care prior to entrance into the program.

The following conditions may prevent entrance into OYCP:

- Extensive use of multiple medications necessary to treat multiple conditions on a daily basis.
- Current/previous injuries/surgeries that prevent full participation in all OYCP activities.
- Dental services: braces adjustments, broken teeth, cavities, abscess and mouth disorders that impact/prevent the ability of the applicant to participate without on-site care or assistance.
- Conditions or medications that adversely react or have side effects affected by the high intensity physical activity and seasonal weather conditions that compromise the safety, health and welfare of the cadet. Medications/conditions that may react adversely to extreme summer heat, winter cold and higher altitude.
- Historic or current conditions requiring medical, psychological or psychotic intervention for suicide treatment, manic depression, anxiety, etc. Mental health services are not available from OYCP
- Extensive dietary restrictions medically required by a medical physician.

OYCP medications/medical care policy:

- All required prescription medications must be disclosed in advance during the application process.
- All potential side effects and limitations of required medications must be disclosed at time of application.
- A medical release, approval and signature must be provided by the doctor in advance (pages 22 & 23) stating: applicant can safely participate in extreme hot, cold and high altitude conditions while consuming required prescription/medication(s).
- Parents/guardians are entirely responsible for all prescription medications and re-fills during the program.
- Parents/legal guardians are responsible for all required medical/dental/psychological care before, during and after participation in the OYCP.
- Injuries/physical/medical changes or new medications required by the applicant after the initial physical examination must be disclosed in writing prior to entry into the program for purposes of review, safety, health and welfare.
- Cadets with dental or medical needs that require ongoing "emergency" care, offsite time away from the program for 5 days, or that prevent participation will be dismissed and sent home.
- Medical/dental/vision care that does not hinder participation is to occur during OYCP scheduled breaks

GUARDIAN ACKNOWLEDGEMENT AND SIGNATURE OF MEDICAL RELEASE

I understand and agree that I'm responsible for all medical/dental/mental health care of my child during, before and after participation in OYCP. By my signature below, I'm indicating that I have read the above medical information. I, the undersigned, do hereby authorize in the event of a medical emergency or medical transport to a local clinic or hospital, any physician or trained medical staff to provide medical care to my son/daughter. I furthermore voluntarily authorize the Oregon National Guard Youth Challenge Program Director or designee to authorize employees/contract personnel to provide medical treatment for my son or daughter.

LEGAL GUARDIAN: Print _____

Sign _____

Date _____

APPLICANT: Print _____

Sign _____

Date _____

INSURANCE COVERAGE INFORMATION

IT IS REQUIRED THAT ALL CADETS ENROLLED AT OYCP HAVE MEDICAL INSURANCE COVERAGE

- If the applicant does **not** have medical insurance coverage,
Complete section 1
- If the applicant does currently have medical insurance coverage,
Complete section 2

SECTION 1: APPLICANTS CURRENTLY NOT INSURED

I understand by my signature below, that my son/daughter must have medical insurance coverage to be eligible for OYCP and that I will purchase medical insurance if my son/daughter is accepted into the program

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

SECTION 2: APPLICANTS CURRENTLY INSURED

POLICY HOLDER: Last _____ First _____ MI _____
Relation to applicant: Grandparent Legal Guardian Other Parent Sibling Spouse Step-Parent

APPLICANT: Last _____ First _____ MI _____

Phone: Home _____ Work _____ Cell _____

Mail add: _____ City _____ State _____ Zip _____

NOTE: I understand that my son/daughter will be cared for through my insurance if they become ill or injured. Proof of medical insurance is required; all medical costs are the responsibility of the parent/guardian

Medical insurance information:

Group# _____ Policy/ID # _____ Expiration date _____

Physician Name _____ Phone _____ Ext _____ Fax _____

Co-pay information _____

Insurance Company Name _____ Phone _____ Fax _____

Mail Add _____ City _____ State _____ Zip _____

OYCP Safeway Pharmacy Registration Form

The purpose for this form is to provide a method of payment for any prescription requirements that may occur during the program

APPLICANT INFORMATION

NAME: Last _____ First _____ MI _____

Mail add: _____ City _____ St _____ Zip _____

COUNTY: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: Male Female

Known drug allergies _____, or **No known drug allergies**

Do you have Diabetes? YES NO

Do you have Asthma? YES NO

Do you have high blood pressure? YES NO

Other medical conditions? _____

List any medication the applicant is currently using, including non-prescription medications: **No current medications**

ATTACH LIST IF MORE SPACE IS REQUIRED

MEDICAL INSURANCE INFORMATION

Name of Insurance Company: _____

Rx Bin Number: _____ Policy/ID Number: _____ Group Number: _____

Do you want generic drugs when available? YES NO

LEGAL GUARDIAN INFORMATION

NAME: LAST _____ FIRST _____ MI _____

PHONE: HOME _____ WORK _____ CELL _____

THE SIGNATURES BELOW ATTEST THAT ALL INFORMATION ABOVE IS CORRECT:

LEGAL GUARDIAN: SIGNATURE _____ Date _____

APPLICANT: SIGNATURE _____ Date _____

For Safeway use only

Please call before charging card

Credit/Debit Card Number: _____

Exp. _____

CVV Code _____

OYCP Pre-Participation Physical Evaluation (Part 1, History)

(NOTE: This form is to be filled out by the patient and parent prior to seeing the physician.)

Date of Exam _____ Phone Number of Applicant _____

Name _____ Date of birth _____ Age _____ Sex _____

Medicines and Allergies: Please list all the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking on **page 24**
 Do you have any allergies? Yes No If yes, please identify specific allergy below and explain on **page 24**

Medicines Pollens Food Stinging Insects

EXPLAIN "YES" answers below, circle questions you don't know the answer to.

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any of these chronic medical conditions? <input type="checkbox"/> Hyperglycemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Anemia <input type="checkbox"/> Infections <input type="checkbox"/> Other		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
5. Do you have any current injuries? Such as muscles, tendons, bones or joints.		
6. Do you have any type of Autism Spectrum Disorder? Such as (Asperger's, PDD-NOS)		
7. Do you have ADD/ADHD?		
8. Do you have any type of Anxiety disorder?		
9. Do you have a history of cutting?		
10. Have you ever attempted suicide?		
11. Have you ever attended anger management?		
12. Have you ever been diagnosed with depression?		
13. Have you ever been in a residential treatment program?		
14. Are you a smoker?		
15. Do you currently experience Nocturnal Enuresis? (Bedwetting)		
16. Do you currently experience Somnambulism? (Sleepwalking)		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO
17. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
18. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
19. Does your heart ever race or skip beats (irregular beats) during exercise?		
20. Has a doctor ever told you that you have any heart problems?		
21. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
22. Do you get lightheaded or feel more short of breath than expected during exercise?		
23. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
24. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
25. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
26. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
27. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	YES	NO
28. Have you ever had an injury to a bone, muscle, ligament, or tendon?		
29. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
30. Do you regularly use a brace, orthotics, or other assistive device?		

MEDICAL QUESTIONS	YES	NO
31. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
32. Have you ever used an inhaler or taken asthma medicine?		
33. Have you been diagnosed with asthma?		
34. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
35. Do you have groin pain or a painful bulge or hernia in the groin area?		
36. Do you have any rashes, pressure sores, or other skin problems? (eczema, psoriasis, other)		
37. Have you had a herpes or MRSA skin infection?		
38. Have you ever had a head injury or concussion?		
39. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
40. Do you have headaches with exercise?		
41. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
42. Have you ever been unable to move your arms or legs after being hit or falling?		
43. Have you ever become ill while exercising in the heat?		
44. Do you get frequent muscle cramps when exercising?		
45. Do you or someone in your family have sickle cell trait or disease?		
46. Have you had any problems with your eyes or vision?		
47. Have you had any eye injuries?		
48. Do you wear glasses or contact lenses?		
49. Do you wear protective eyewear, such as goggles or a face shield?		
50. Are you on a doctor prescribed diet?		
51. Have you ever had an eating disorder		
FEMALES ONLY	YES	NO
52. Have you ever had a menstrual period?		
53. Date of your last menstrual period?		
54. How many periods have you had in the last 12 months?		
Explain "yes" answers here (SEE PAGE 24 FOR CONTINUATION)		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Applicant _____ Signature of parent/guardian _____ Date _____

OYCP Pre-Participation Physical Evaluation (Part 2 Physical Examination)

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1. This applicant will be subject to high altitude (3000+ FT), adverse weather, intense physical training, to include running short/long distances, jumping, climbing over various terrains. Applicants receiving medications may experience side effects. The safety and security of the applicant is paramount over any/all scenarios
2. Consider reviewing questions on cardiovascular symptoms (questions 17-27).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) MANDATORY EXAM FOR HERNIAS			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

Any medications discontinued within the last 12 months? _____

Any frequent physical symptoms should OYCP be made aware of? (i.e. chronic pain, head, stomach, etc.)

How are these symptoms treated? _____

What illegal drugs has the patient used and when?

Drug:	Date:	Drug:	Date:	Drug:	Date:
Drug:	Date:	Drug:	Date:	Drug:	Date:

PLEASE PERFORM THE FOLLOWING LAB TESTS AND INDICATE RESULTS (MANDATORY)

FEMALES:	GONORRHEA:	CHLAMYDIA:	PREGNANCY:
MALES:	GONORRHEA:	CHLAMYDIA:	

I have examined the above-named applicant and completed the participation physical evaluation. The applicant does not present apparent clinical contraindications to practice and participate in OYCP as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the applicant has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the applicant (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD DO NP PA

OYCP Pre-Participation Evaluation (Part 3 Physical Clearance)

Name _____ Sex M F Age _____ Date of Birth _____

- Cleared for OYCP without restriction
- Cleared for OYCP without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
 - Pending further evaluation
 - For any participation

Reason _____

Recommendations _____

I have examined the above-named applicant and completed the participation physical evaluation. The applicant does not present apparent clinical contraindications to practice and participate in OYCP as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the applicant has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the applicant (and parents/guardians).

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____ MD DO NP PA

EMERGENCY INFORMATION/HISTORY CONTINUATION FROM PAGE 22 (TO BE COMPLETED BY APPLICANT/PARENT/GUARDIAN)

Current medications (prescribed or over-the-counter) _____

Allergy information _____

Continued History information for "YES" answers _____

I hereby state that, to the best of my knowledge, the information to the above History information is complete and correct (if applicable)

Signature of Applicant _____ Signature of parent/guardian _____ Date _____

OYCP REQUIRED DENTAL EXAM

Dear Sir or Ma'am,

This patient is an applicant for the Oregon National Guard Youth Challenge Program (OYCP). A dental examination is required by OYCP to identify any required or anticipated dental work be identified through 1 year from the date of the examination. This exam is used to determine applicant eligibility. Our desire is that cadets are able to participate on our program free from pain and discomfort caused by needed dental work.

Examinations can be no older than 1 year from the Program start date.

Please complete the information below. This will facilitate this requirement.

PATIENT: Last _____ First _____ MI _____

DATE OF EXAM: _____ (Can be no older than 1 year from program start date)

_____ This individual **does not have** any anticipated dental work identified through 1 year of this exam.

_____ This individual **does have** anticipated dental work identified through 1 year of this exam.

(Please give a brief description of work needed and any scheduled appointment dates)

PARENT CAUTION: Any cadet who is unable to participate in any activities at OYCP due to unaccomplished dental work is subject to dismissal from our program.

PARENT NOTE: Cadets who wear braces will need to have any adjustments made during scheduled breaks.

Dental Care Provider Name: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip code _____

Dental Care Provider Signature: _____ Office Stamp (if applicable) _____

This form is required to be returned by fax or mail. Your assistance is appreciated.

You may fax or mail this form to the following:

**Oregon National Guard Youth Challenge Program
23861 Dodds RD
Bend, OR 97701
Fax: 541-388-9960 Voice: 541-317-9623 ext223**

OYCP CONSENT FOR RELEASE OF CONFIDENTIAL CRIMINAL HISTORY INFORMATION
Applicant must deliver this form to the local county juvenile and or adult court records department
where they currently reside for verification of criminal history.

Applicant: Last _____ First _____ MI _____ DOB _____

Legal Guardian: Last _____ First _____ MI _____

Home Add: _____ City _____ Zip _____ County _____

By my signature below I authorize the State of Oregon, any other state, its counties, its cities and its agencies to submit and or exchange all pertinent information with the Oregon National Guard Youth Challenge Program regarding referral history, court status, or any information as specifically requested by the Oregon National Guard Youth Challenge Program regarding the criminal history of the applicant mentioned above for the purpose of coordinating services.

I understand that my records are protected under the Federal or State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. OYCP is in compliance with the most prominent of the federal protections for applicant privacy; Family Educational Rights and Privacy Act (FERPA), also known as the "Buckley Amendment". FERPA protects the confidentiality of applicant records to some extent, while also giving applicant the right to review their own records.

I also understand that I may revoke this consent at any time except to the extent that action has been taken and that in any event this consent expires automatically thirty-six months (36) to the date applicant's official status is verified as "registered" by way of Oregon National Guard Youth Challenge Policy.

LEGAL GUARDIAN: Print _____ Sign _____ Date _____

APPLICANT: Print _____ Sign _____ Date _____

-----**APPLICANT: STOP HERE, DO NOT CONTINUE ON THIS PAGE**-----

To Agency records department: The following individual is an applicant for the Oregon National Guard Youth Challenge Program (OYCP), and requires a criminal background check by the local county juvenile department and or adult court where he/she currently resides for the purpose of determining eligibility for our program.

Please mail or fax the individual's Public Information Document/Face Sheet to OYCP, or provide the requested information on this form presented to you. If no record exists, please indicate so under **agency comments** below

APPLICANTS ARE NOT ALLOWED TO FAX OR MAIL THEIR OWN PUBLIC INFORMATION DOCUMENTS/FACESHEETS OR THIS FORM PROVIDED TO YOU

Please use your office stamp on the FROM block on this form and use as the cover sheet for any faxes sent
 Thank you for your help.

FROM: _____ **TO: Admissions department**
Oregon National Guard
Youth Challenge Program
23861 DODDS RD, Bend, OR 97701
FAX: 541-388-9960/541-318-1180
VOICE: 541-317-9623 EXT 223

 Please place office stamp above

<p>JUVENILE DEPARTMENT OR ADULT COURT</p> <p><input type="checkbox"/> Public info. document <input type="checkbox"/> Criminal background check <input type="checkbox"/> Police report <input type="checkbox"/> Psychological Evaluation</p> <p align="center">Clearly check the box(s) that apply to the youth identified in the above:</p> <p><input type="checkbox"/> currently on parole <input type="checkbox"/> currently on probation <input type="checkbox"/> current pending charges <input type="checkbox"/> currently under indictment</p> <p><input type="checkbox"/> currently charged <input type="checkbox"/> awaiting sentencing <input type="checkbox"/> free of felon/adjudication/conviction <input type="checkbox"/> free of capital offense(s)</p> <p><input type="checkbox"/> free of any and all assault(s) (sexual/domestic/person-to-person/other) <input type="checkbox"/> known gang related ties/activities</p>
--

Responding agency comments:



OREGON NATIONAL GUARD YOUTH CHALLENGE PROGRAM (OYCP)



23861 Dodds RD
Bend, OR 97701
541-317-9623
FAX 541-388-9960

MENTOR APPLICATION BOOKLET

Program Applicant: Provide booklet to potential mentor to fill out and submit. *Remember you need 2 mentors.*

Mentor Applicant: Complete this application and mail or fax the application to the contact information above.

(PLEASE COMPLETE ONLY IF WILLING TO MAKE THE COMMITMENTS MENTIONED IN THIS BOOKLET)

MENTORS

Young people need support. The majority of young people cite parents or other adults as the first source of advice regarding personal problems. There was a time when our society was made up of extended families and close communities. Family members often served naturally as mentors. While families bear the primary obligation to care for their children and to help them become healthy contributing citizens, other institutions can help families acclimate to a rapidly changing world. A mentor can provide a nurturing, supportive adult relationship often absent in the lives of many of our young people. Adolescents today are an increasingly isolated population. Changes in the structure of the family, community/neighborhood relationships, and workplace arrangements have deprived young people of the adult contacts that historically have been the primary sources of socialization and support for development. Many young people lack positive nurturing and supportive adult relationships. A mentor can provide that role, and perhaps more importantly, teach and guide a young person to find others to fill that role as well. Mentor attributes desired are maturity, integrity, leadership, commitment, availability, compatibility, and responsibility.

OYCP Mentor Eligibility Requirements

- Must be at least 21 years of age at the date of mentor training.
- Must be the same gender as the OYCP applicant.
- Must be willing to make a 14 month long commitment.
- Cannot be immediate family member, or living in the same household as the OYCP applicant.
- Must live relatively close to OYCP applicant (**a distance that will not restrict visitation due to travel**).
- Must complete OYCP mentor training modules (**training materials are only available in English**).
- Must attend a mentor training workshop at OYCP facility (**training dates provided in application**).
- Must be willing to have 4 contacts, 4 hours of contact or a combination of both each month after cadet completes the residential phase of OYCP for 12 consecutive months.
- Must be willing to provide a monthly mentor report to OYCP regarding cadet status.
- Must be willing to provide a criminal background check (for applicants without Oregon ID).
- **CANNOT BE A MENTOR FOR MORE THAN ONE CADET AT A TIME FOR THE SAME CLASS.**
- **MUST BE ABLE TO COMMUNICATE IN ENGLISH (NO TRANSLATION SERVICES ARE AVAILABLE).**

OYCP Mentor Disqualifiers

- Any history of arrest and conviction for a sex offense.
- Any felony conviction within last 5 years.
- Any history of DUI/DUII within last 5 years.
- Any alcohol, drug, or substance abuse within last 5 years.
- Any history of domestic violence (**reports, charges, convictions**).
- Any discovery of falsely provided information (**integrity**).

WHAT IS MENTORING?

Mentoring is a one-to-one relationship over a prolonged period of time between a youth and an adult who provides consistent support, guidance and concrete help as the younger person may go through a difficult, challenging situation or period in life. The goal of mentoring is to help youths gain the skills and confidence to be responsible for their own futures. This includes an increasing emphasis on academic and occupational skills.

Life issues in which mentoring helps

Teen Pregnancy	Work/School adjustment	Dropout prevention	Job retention
Substance abuse	Financial management	Parenting Skills	Illiteracy
College Preparation	Home ownership	Education/Career goals	Welfare to work
Employment Preparation			

OYCP Mentoring

The Oregon National Guard Youth Challenge Program is a 17 month program that offers school dropouts an opportunity to change their futures. The cadets will live and work in a controlled, military environment that encourages teamwork and personal growth. During this time they will work toward achieving their career or educational goals under the guidance of a volunteer mentor from their home community.

The Oregon National Guard Youth Challenge Program consists of two phases. The first phase is residential, which includes military structure, discipline, physical development, service to community and academic classroom instruction. The second phase is the 12 month Post Residential Mentorship Phase.

The mentor relationship begins in the Residential Phase with a Mentor/Mentee Matching Ceremony in Bend, Oregon. Each mentor is screened and trained prior to meeting with the cadet. During the Residential Phase, the mentor and the mentee correspond by way of letter writing. After the cadet graduates, you will be required to contact the mentee at least four hours a month or have four contacts (i.e. email, telephone, skyping) and report to OYCP on a monthly basis.

OYCP MENTOR GOALS

- To seek and train responsible adults to mentor OYCP graduates.
- Provide mentors with training and support necessary for a successful mentoring relationship with the Cadet.
- Assist in creating and maintaining an open network of communication between all parties, to address issues and concerns that may arise during the 14 month mentorship.

SEQUENCE OF EVENTS FOR A MENTOR

1. Mentors fill out and submit mentor applications to OYCP.
2. Cadet selects primary and secondary mentors.
3. Mentors are screened and interviewed by OYCP staff. (**Mentor training instructions provided**)
4. Accepted Primary mentors receive instructions to complete mentor training modules
5. Accepted Primary mentors attend mentor training workshop and cadet match at OYCP facility.
6. Non-selected mentors will receive a "thank-you for applying" letter.
7. Mentors correspond weekly with cadet through letter writing/email during Residential Phase
8. Mentors are invited to attend graduation at week 22.
9. Mentors begin monthly contacts with Cadet after graduation for 12 consecutive months. Mentors are required to have 4 contacts, 4 hours of contact or a combination each month with the Cadet, face-to-face being the preferred method.
10. Mentors send a report monthly to OYCP staff indicating status of Cadet.

COLLECTION AND USE OF INFORMATION BY THE NATIONAL GUARD BUREAU

For purposes of applying as a mentor, you must disclose your personal information to the Oregon National Guard Youth Challenge Program. The information you submit will be kept confidential and used solely to process your application. Your information will be used to carry out the required Law Enforcement Data Systems Checks (L.E.D.S.) criminal history background check and sex offender registry check. To complete these checks the following information is needed: date of birth, driver's license, expiration date, sex, height, weight, and race.

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 1 of 3

Program Applicant: First _____ **MI** _____ **Last** _____

Mentor Applicant: First _____ **MI** _____ **Last** _____

Suffix: Jr. Sr. I II III IV

Gender: Male Female **(MUST BE SAME GENDER AS PROGRAM APPLICANT)**

Marital Status: Married Divorced Widowed Single Domestic partnership

ETHNICITY: Hispanic/Latino YES NO

RACE: American Indian/Alaskan Asian African American Hawaiian/Pacific Islander White

How far do you live from this youth? (miles): _____

Are you related to this youth? YES NO

If **YES** what relation? Grandparent Aunt Uncle Cousin Other _____ **CANNOT BE IMMEDIATE FAMILY, (SIBLING, PARENT) OR LIVING IN SAME HOUSEHOLD AS PROGRAM APPLICANT**

How long have you been a resident of the state of Oregon? Year(s) ____ Month(s) ____

Where did you live before moving to Oregon? State _____ City _____

Phone: Home _____ Work _____ Ext _____

Cell _____

Home Add _____ City _____ State _____ Zip _____

County _____

Mail Add _____ City _____ State _____ Zip _____

Employment information:

Employer Name _____ Years with Employer _____ Months _____

Occupation _____

Employment Status: Full Time Part Time Retired Temporary Unemployed Volunteer

Why do you want to be a mentor for this youth?

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 2 of 3

Program Applicant: First _____ **MI** _____ **Last** _____

Mentor Applicant: First _____ **MI** _____ **Last** _____

Is English the primary language you speak? YES NO

If **NO**, what is the primary language you speak? _____

Do you speak English? Fluent Little Not at all

(TRAINING, EMAILS, AND REPORTS ARE ENGLISH ONLY AND NO TRANSLATION SERVICES AVAILABLE)

Have you previously applied to be a mentor for an OYCP Cadet? YES NO

If YES, list name of Cadet: _____

Are you currently mentoring a Cadet from OYCP YES NO

If YES, list name of Cadet: _____

You may not be a mentor for more than one cadet at a time for the same class!

OYCP MENTOR INTERVIEW INFORMATION

All Mentors must be interviewed to determine eligibility and commitment to the OYCP Cadet Mentor program. Interviews will be conducted during the first two weeks of the residential phase of the program. OYCP Case Managers will conduct Mentor interviews during the hours listed below. Please note if we are unable to reach Mentors for interviews, they become ineligible for the OYCP Cadet Mentor Program.

Must indicate a minimum of 2 DAYS during the week to contact you for an interview, and best phone number(s) to call.

- | | | | | |
|------------------------------------|----------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Monday | Between 11:00AM and 7:00PM | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Tuesday | Between 11:00AM and 7:00PM | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Wednesday | Between 11:00AM and 7:00PM | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Thursday | Between 08:00AM and 4:30PM | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Friday | Between 08:00AM and 4:30PM | <input type="checkbox"/> Home | <input type="checkbox"/> Work | <input type="checkbox"/> Cell |

OYCP MENTOR TRAINING INFORMATION

The Primary Mentor must complete a set of training modules prior to attending our on-site 8-hour mentor training workshop and mentor match event at our facility in Bend, Oregon. You can access these training modules through our website at www.oycp.com and follow the links to "MENTORS" and "MENTOR TRAINING" accordingly. For those who may not have internet access, training modules will be sent via US Postal Service. An OYCP Case Manager will be asking for the Answer Sheet, which is also located on our website. If you have difficulty with our website, or do not have internet access, please call 541-317-9623 ext. 223 for assistance.

The dates available for the on-site mentor-training workshop are listed below. You must attend one of the scheduled workshops. Please check the appropriate box for the date you wish to attend (**ONLY CHECK ONE BOX**). This date will be confirmed during your interview.

- Saturday, Aug. 19th, 2017 (8AM-3PM) **OR** Saturday, Sep. 16th, 2017 (8AM-3PM)

For notification and communication purposes please provide your **EMAIL ADDRESS**

(Please print clearly): _____ @ _____

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 3 of 3

Program Applicant: First _____ MI _____ Last _____

Mentor Applicant: First _____ MI _____ Last _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

(YOUR ANSWERS WILL BE CHECKED FOR VALIDITY)

1. **Do you have a prior history of a sex offense? (report, charges, or convictions)** YES NO
2. **Have you been convicted of a felony within the last 5 years?** YES NO
3. **Have you ever been convicted of a crime involving assault?** YES NO
 - a. If YES, specify the State and date in which it occurred. State: _____ Date: _____
4. **Do you have a history of domestic violence? (report, charges, or convictions)** YES NO
5. **Do you have a history of drug or alcohol abuse within the last 5 years?** YES NO
6. **Have you ever been convicted of a crime involving drugs or alcohol?** YES NO
 - a. If YES, specify the State and date in which it occurred. State: _____ Date: _____
7. **Have you ever been convicted of any crime, other than a minor traffic violation?** YES NO
 - a. If YES, specify the crime: _____ outcome: _____

STATEMENT OF CONFIDENTIALITY

Confidentiality is the preservation of privileged information concerning the Cadet. Most of the information that you gain about a Cadet is confidential; in terms of the law, disclosure could make you legally liable, or the disclosure may violate the trust that the cadet has developed with you, causing damage to your mentoring relationship.

All records dealing with Cadets must be treated as confidential.

Before you begin your mentoring assignment, you should be aware of the laws and penalties of breaching confidentiality. Although OYCP may be liable for your action while you are within the scope of your authorized duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty, and OYCP could refuse to support you in the event of legal action. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

ADVISORY OF INFORMATION RELEASE

In order to process this application, the mentor applicant must sign below. A check of references and the potential mentor's criminal history using Law Enforcement Data System (LEDS) will be made by OYCP to verify the responses provided in this application. The information listed on this document is used for criminal background investigation only. OYCP does not discriminate on the basis of race, creed, sex, age, religion, or sexual orientation.

By my signature below, I hereby grant to OYCP, permission to check my references and criminal records to verify any statements made on this application.

My signature below certifies that I have read, and understand the material above. I understand my duty as a mentor, to abide by the laws and policies regarding the preservation of confidential information.

**The following information is required for LEDS identification purposes only.
Out-of-state driver's license holders must provide OYCP a criminal background check from their state.**

Driver's License or ID # _____ Exp. Date (MM/DD/YYYY) _____

Date of Birth: (MM/DD/YYYY) _____ Age _____ Height: _____ FT _____ In. Weight (lbs.) _____

Hair Color: Grey Black Blonde Brown Red Bald **Eye Color:** Blue Brown Green Hazel

Mentor Applicant: (SIGNATURE) _____ (DATE) _____

OYCP MENTOR REFERENCE #1

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. THE MENTOR APPLICATION IS NOT COMPLETE WITHOUT TWO COMPLETED OYCP REFERENCE FORMS SUBMITTED

Name of Program Applicant: _____
 (Print – First name, Last name)

Name of Mentor Applicant: _____
 (Print – First name, Last name)

Name of Reference: _____
 (Print – First name, Last name)

TO BE COMPLETED BY THE MENTOR APPLICANT'S REFERENCE

The person that gave this page to you is applying to be a mentor for a cadet of Oregon National Guard Youth Challenge Program. Please answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

How long have you known the mentor applicant? Years ___ Months ___ Relationship? _____

- Yes No Does the mentor applicant have a good home relationship?
- Yes No Does the mentor applicant work well with others?
- Yes No Does the mentor applicant have a tendency to over-commit (get involved with too many things)?

Please rate the mentor applicant as far as the following are concerned:

	Excellent	Good	Average	Poor	Unknown
Character					
Morals					
Compassion for those in need					
Completes commitments					
Emotional stability					
Receives constructive criticism					
Health					

Other Comments:

Would you recommend the mentor applicant as a good choice to work with a teenager? (please explain)

Reference Signature _____ Date _____

Phone: Home _____ Work _____ Ext _____

Cell _____ Email Address _____ @ _____

Return completed form to mentor applicant or send directly to OYCP using our contact information below

**Oregon Youth Challenge Program
 23861 Dodds RD, Bend OR 97701
 FAX: 541-388-9960/541-318-1180**

Should you have any questions, feel free to call: 541-317-9623 ext. 223

OYCP MENTOR REFERENCE #2

THIS PAGE IS TO BE GIVEN TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. THE MENTOR APPLICATION IS NOT COMPLETE WITHOUT TWO COMPLETED OYCP REFERENCE FORMS SUBMITTED

Name of Program Applicant: _____
(Print – First name, Last name)

Name of Mentor Applicant: _____
(Print – First name, Last name)

Name of Reference: _____
(Print – First name, Last name)

TO BE COMPLETED BY THE MENTOR'S REFERENCE

The person that gave this page to you is applying to be a mentor for a cadet of Oregon National Guard Youth Challenge Program. Please answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

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23861 Dodds RD, Bend OR 97701
FAX: 541-388-9960/541-318-1180**

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OREGON NATIONAL GUARD YOUTH CHALLENGE PROGRAM (OYCP)



23861 Dodds RD
Bend, OR 97701
541-317-9623
FAX 541-388-9960

MENTOR APPLICATION BOOKLET

Program Applicant: Provide booklet to potential mentor to fill out and submit. *Remember you need 2 mentors.*

Mentor Applicant: Complete this application and mail or fax the application to the contact information above.

(PLEASE COMPLETE ONLY IF WILLING TO MAKE THE COMMITMENTS MENTIONED IN THIS BOOKLET)

MENTORS

Young people need support. The majority of young people cite parents or other adults as the first source of advice regarding personal problems. There was a time when our society was made up of extended families and close communities. Family members often served naturally as mentors. While families bear the primary obligation to care for their children and to help them become healthy contributing citizens, other institutions can help families acclimate to a rapidly changing world. A mentor can provide a nurturing, supportive adult relationship often absent in the lives of many of our young people. Adolescents today are an increasingly isolated population. Changes in the structure of the family, community/neighborhood relationships, and workplace arrangements have deprived young people of the adult contacts that historically have been the primary sources of socialization and support for development. Many young people lack positive nurturing and supportive adult relationships. A mentor can provide that role, and perhaps more importantly, teach and guide a young person to find others to fill that role as well. Mentor attributes desired are maturity, integrity, leadership, commitment, availability, compatibility, and responsibility.

OYCP Mentor Eligibility Requirements

- Must be at least 21 years of age at the date of mentor training.
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- Must be willing to make a 14-month long commitment.
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- Must live relatively close to OYCP applicant (**a distance that will not restrict visitation due to travel**).
- Must complete OYCP mentor training modules (**training materials are only available in English**).
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- Must be willing to have 4 contacts, 4 hours of contact or a combination of both each month after cadet completes the residential phase of OYCP for 12 consecutive months.
- Must be willing to provide a monthly mentor report to OYCP regarding cadet status.
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- Any felony conviction within last 5 years.
- Any history of DUI/DUII within last 5 years.
- Any alcohol, drug, or substance abuse within last 5 years.
- Any history of domestic violence (**reports, charges, convictions**).
- Any discovery of falsely provided information (**integrity**).

WHAT IS MENTORING?

Mentoring is a one-to-one relationship over a prolonged period of time between a youth and an adult who provides consistent support, guidance and concrete help as the younger person may go through a difficult, challenging situation or period in life. The goal of mentoring is to help youths gain the skills and confidence to be responsible for their own futures. This includes an increasing emphasis on academic and occupational skills.

Life issues in which mentoring helps

Teen Pregnancy	Work/School adjustment	Dropout prevention	Job retention
Substance abuse	Financial management	Parenting Skills	Illiteracy
College Preparation	Home ownership	Education/Career goals	Welfare to work
Employment Preparation			

OYCP Mentoring

The Oregon National Guard Youth Challenge Program is a 17-month program that offers school dropouts an opportunity to change their futures. The cadets will live and work in a controlled, military environment that encourages teamwork and personal growth. During this time, they will work toward achieving their career or educational goals under the guidance of a volunteer mentor from their home community.

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The mentor relationship begins in the Residential Phase with a Mentor/Mentee Matching Ceremony in Bend, Oregon. Each mentor is screened and trained prior to meeting with the cadet. During the Residential Phase, the mentor and the mentee correspond by way of letter writing. After the cadet graduates, you will be required to contact the mentee at least four hours a month or have four contacts (i.e. email, telephone, skypeing) and report to OYCP on a monthly basis.

OYCP MENTOR GOALS

- To seek and train responsible adults to mentor OYCP graduates.
- Provide mentors with training and support necessary for a successful mentoring relationship with the Cadet.
- Assist in creating and maintaining an open network of communication between all parties, to address issues and concerns that may arise during the 14-month mentorship.

SEQUENCE OF EVENTS FOR A MENTOR

11. Mentors fill out and submit mentor applications to OYCP.
12. Cadet selects primary and secondary mentors.
13. Mentors are screened and interviewed by OYCP staff. **(Mentor training instructions provided)**
14. Accepted Primary mentors receive instructions to complete mentor training modules
15. Accepted Primary mentors attend mentor training workshop and cadet match at OYCP facility.
16. Non-selected mentors will receive a "thank-you for applying" letter.
17. Mentors correspond weekly with cadet through letter writing/email during Residential Phase
18. Mentors are invited to attend graduation at week 22.
19. Mentors begin monthly contacts with Cadet after graduation for 12 consecutive months. Mentors are required to have 4 contacts, 4 hours of contact or a combination each month with the Cadet, face-to-face being the preferred method.
20. Mentors send a report monthly to OYCP staff indicating status of Cadet.

COLLECTION AND USE OF INFORMATION BY THE NATIONAL GUARD BUREAU

For purposes of applying as a mentor, you must disclose your personal information to the Oregon National Guard Youth Challenge Program. The information you submit will be kept confidential and used solely to process your application. Your information will be used to carry out the required Law Enforcement Data Systems Checks (L.E.D.S.) criminal history background check and sex offender registry check. To complete these checks the following information is needed: date of birth, driver's license, expiration date, sex, height, weight, and race.

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 1 of 3

Program Applicant: First _____ **MI** _____ **Last** _____

Mentor Applicant: First _____ **MI** _____ **Last** _____

Suffix: Jr. Sr. I II III IV

Gender: Male Female **(MUST BE SAME GENDER AS PROGRAM APPLICANT)**

Marital Status: Married Divorced Widowed Single Domestic partnership

ETHNICITY: Hispanic/Latino YES NO

RACE: American Indian/Alaskan Asian African American Hawaiian/Pacific Islander White

How far do you live from this youth? (miles): _____

Are you related to this youth? YES NO

If **YES** what relation? Grandparent Aunt Uncle Cousin Other _____ **CANNOT BE IMMEDIATE FAMILY, (SIBLING, PARENT) OR LIVING IN SAME HOUSEHOLD AS PROGRAM APPLICANT**

How long have you been a resident of the state of Oregon? Year(s) ____ Month(s) ____

Where did you live before moving to Oregon? State _____ City _____

Phone: Home _____ Work _____ Ext _____

Cell _____

Home Add _____ City _____ State _____ Zip _____

County _____

Mail Add _____ City _____ State _____ Zip _____

Employment information:

Employer Name _____ Years with Employer _____ Months _____

Occupation _____

Employment Status: Full Time Part Time Retired Temporary Unemployed Volunteer

Why do you want to be a mentor for this youth?

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 2 of 3

Program Applicant: First _____ **MI** _____ **Last** _____

Mentor Applicant: First _____ **MI** _____ **Last** _____

Is English the primary language you speak? YES NO

If **NO**, what is the primary language you speak? _____

Do you speak English? Fluent Little Not at all

(TRAINING, EMAILS, AND REPORTS ARE ENGLISH ONLY AND NO TRANSLATION SERVICES AVAILABLE)

Have you previously applied to be a mentor for an OYCP Cadet? YES NO

If YES, list name of Cadet: _____

Are you currently mentoring a Cadet from OYCP YES NO

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You may not be a mentor for more than one cadet at a time for the same class!

OYCP MENTOR INTERVIEW INFORMATION

All Mentors must be interviewed to determine eligibility and commitment to the OYCP Cadet Mentor program. Interviews will be conducted during the first two weeks of the residential phase of the program. OYCP Case Managers will conduct Mentor interviews during the hours listed below. Please note if we are unable to reach Mentors for interviews, they become ineligible for the OYCP Cadet Mentor Program.

Must indicate a minimum of 2 DAYS during the week to contact you for an interview, and best phone number(s) to call.

<input type="checkbox"/> Monday	Between 11:00AM and 7:00PM	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
<input type="checkbox"/> Tuesday	Between 11:00AM and 7:00PM	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
<input type="checkbox"/> Wednesday	Between 11:00AM and 7:00PM	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
<input type="checkbox"/> Thursday	Between 08:00AM and 4:30PM	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
<input type="checkbox"/> Friday	Between 08:00AM and 4:30PM	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell

OYCP MENTOR TRAINING INFORMATION

The Primary Mentor must complete a set of training modules prior to attending our on-site 8-hour mentor training workshop and mentor match event at our facility in Bend, Oregon. You can access these training modules through our website at www.oycp.com and follow the links to "MENTORS" and "MENTOR TRAINING" accordingly. For those who may not have internet access, training modules will be sent via US Postal Service. An OYCP Case Manager will be asking for the Answer Sheet, which is also located on our website. If you have difficulty with our website, or do not have internet access, please call 541-317-9623 ext. 223 for assistance.

The dates available for the on-site mentor training workshop are listed below. You must attend one of the scheduled workshops. Please check the appropriate box for the date you wish to attend (**ONLY CHECK ONE BOX**). This date will be confirmed during your interview.

Saturday, Aug. 19th, 2017 (8AM-3PM) **OR** Saturday, Sep. 16th, 2017 (8AM-3PM)

For notification and communication purposes please provide your **EMAIL ADDRESS**

(Please print clearly): _____ @ _____

OYCP PROSPECTIVE MENTOR INFORMATION (complete form in ink) 3 of 3

Program Applicant: First _____ MI _____ Last _____

Mentor Applicant: First _____ MI _____ Last _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

(YOUR ANSWERS WILL BE CHECKED FOR VALIDITY)

8. **Do you have a prior history of a sex offense? (report, charges, or convictions)** YES NO
9. **Have you been convicted of a felony within the last 5 years?** YES NO
10. **Have you ever been convicted of a crime involving assault?** YES NO
a. If YES, specify the State and date in which it occurred. State: _____ Date: _____
11. **Do you have a history of domestic violence? (report, charges, or convictions)** YES NO
12. **Do you have a history of drug or alcohol abuse within the last 5 years?** YES NO
13. **Have you ever been convicted of a crime involving drugs or alcohol?** YES NO
a. If YES, specify the State and date in which it occurred. State: _____ Date: _____
14. **Have you ever been convicted of any crime, other than a minor traffic violation?** YES NO
a. If YES, specify the crime: _____ outcome: _____

STATEMENT OF CONFIDENTIALITY

Confidentiality is the preservation of privileged information concerning the Cadet. Most of the information that you gain about a Cadet is confidential; in terms of the law, disclosure could make you legally liable, or the disclosure may violate the trust that the cadet has developed with you, causing damage to your mentoring relationship.

All records dealing with Cadets must be treated as confidential.

Before you begin your mentoring assignment, you should be aware of the laws and penalties of breaching confidentiality. Although OYCP may be liable for your action while you are within the scope of your authorized duty, giving information to an unauthorized person could be interpreted as not acting within the scope of duty, and OYCP could refuse to support you in the event of legal action. Violation of the Oregon Revised Statutes regarding confidentiality of records is punishable upon conviction by a fine of not more than \$1,000 or by imprisonment in the county jail for not more than 60 days, or both.

ADVISORY OF INFORMATION RELEASE

In order to process this application, the mentor applicant must sign below. A check of references and the potential mentor's criminal history using Law Enforcement Data System (LEDS) will be made by OYCP to verify the responses provided in this application. The information listed on this document is used for criminal background investigation only. OYCP does not discriminate on the basis of race, creed, sex, age, religion, or sexual orientation.

By my signature below, I hereby grant to OYCP, permission to check my references and criminal records to verify any statements made on this application.

My signature below certifies that I have read, and understand the material above. I understand my duty as a mentor, to abide by the laws and policies regarding the preservation of confidential information.

**The following information is required for LEDS identification purposes only.
Out-of-state driver's license holders must provide OYCP a criminal background check from their state.**

Driver's License or ID # _____ Exp. Date (MM/DD/YYYY) _____

Date of Birth: (MM/DD/YYYY) _____ Age _____ Height: _____ FT _____ In. Weight (lbs.) _____

Hair Color: Grey Black Blonde Brown Red Bald **Eye Color:** Blue Brown Green Hazel

Mentor Applicant: (SIGNATURE) _____ (DATE) _____

OYCP MENTOR REFERENCE #1

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. THE MENTOR APPLICATION IS NOT COMPLETE WITHOUT TWO COMPLETED OYCP REFERENCE FORMS SUBMITTED

Name of Program Applicant: _____
(Print – First name, Last name)

Name of Mentor Applicant: _____
(Print – First name, Last name)

Name of Reference: _____
(Print – First name, Last name)

TO BE COMPLETED BY THE MENTOR APPLICANT'S REFERENCE

The person that gave this page to you is applying to be a mentor for a cadet of Oregon National Guard Youth Challenge Program. Please answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

How long have you known the mentor applicant? Years ___ Months ___ Relationship? _____

- Yes No Does the mentor applicant have a good home relationship?
- Yes No Does the mentor applicant work well with others?
- Yes No Does the mentor applicant have a tendency to over-commit (get involved with too many things)?

Please rate the mentor applicant as far as the following are concerned:

	Excellent	Good	Average	Poor	Unknown
Character					
Morals					
Compassion for those in need					
Completes commitments					
Emotional stability					
Receives constructive criticism					
Health					

Other Comments: _____

Would you recommend the mentor applicant as a good choice to work with a teenager? (please explain)

Reference Signature _____ Date _____

Phone: Home _____ Work _____ Ext _____

Cell _____ Email Address _____ @ _____

Return completed form to mentor applicant or send directly to OYCP using our contact information below

**Oregon Youth Challenge Program
23861 Dodds RD, Bend OR 97701
FAX: 541-388-9960/541-318-1180**

Should you have any questions, feel free to call: 541-317-9623 ext. 223

OYCP MENTOR REFERENCE #2

THIS PAGE IS TO BE GIVEN TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. THE MENTOR APPLICATION IS NOT COMPLETE WITHOUT TWO COMPLETED OYCP REFERENCE FORMS SUBMITTED

Name of Program Applicant: _____
(Print – First name, Last name)

Name of Mentor Applicant: _____
(Print – First name, Last name)

Name of Reference: _____
(Print – First name, Last name)

TO BE COMPLETED BY THE MENTOR'S REFERENCE

The person that gave this page to you is applying to be a mentor for a cadet of Oregon National Guard Youth Challenge Program. Please answer the questions on this form as fully and carefully as you can. Information received will be kept in confidence.

How long have you known the mentor applicant? Years ___ Months ___ Relationship? _____

- Yes No Does the mentor applicant have a good home relationship?
- Yes No Does the mentor applicant work well with others?
- Yes No Does the mentor applicant have a tendency to over-commit (get involved with too many things)?

Please rate the mentor applicant as far as the following are concerned:

	Excellent	Good	Average	Poor	Unknown
Character					
Morals					
Compassion for those in need					
Completes commitments					
Emotional stability					
Receives constructive criticism					
Health					

Other Comments:

Would you recommend the mentor applicant as a good choice to work with a teenager? (please explain)

Reference Signature _____ Date _____

Phone: Home _____ Work _____ Ext _____

Cell _____ Email Address _____ @ _____

Return completed form to mentor applicant or send directly to OYCP using our contact information below

**Oregon Youth Challenge Program
23861 Dodds RD, Bend OR 97701
FAX: 541-388-9960/541-318-1180**

Should you have any questions, feel free to call: 541-317-9623 ext. 223