



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

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BEND, OREGON 97701
541-317-9623
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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 (1-4): Oregon National Guard Youth Challenge Program Overview including the cover sheet, and table of contents. Applicant and Parent must read and understand.

ADMINISTRATIVE SECTION:

- Birth Certificate
- Proof of legal residency if born outside the United States
- Legal Documents concerning divorce, guardianship, adoption, death certificates of guardians, etc...
- High school transcript; must show GPA, total credits achieved, total credits required to graduate
- Mandatory State education assessment scores; OAKS/Smarter Balanced
- Medical insurance cards
- Immunization records (Shot records)
- Medical orders for special diet (If applicable) GLUTEN FREE DIETS ARE NOT ACCOMMODATED
- Page (5): Mandated Eligibility Criteria Form
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PHYSICAL SECTION:

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PRIMARY MENTOR SECTION:

- Page (22-26): Primary Mentor Application _____

SECONDARY MENTOR SECTION:

- Page (27-31): Secondary Mentor Application _____



APPLICATION INSTRUCTIONS

- Verify that you meet the eligibility criteria (see page 5). Call for any questions.
- Attend an orientation (for class applying for); Applicants and Legal Guardians must attend.
- Complete and return the application, and required documents to OYCP no later than the deadline announced at your orientation. Call for any questions; applications will be screened for completeness and eligibility.
- Two mentor applications (primary and secondary) 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 eligibility requirements.

- **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.**

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”

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.

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.

UNACCEPTABLE BEHAVIOR FOR CADETS ATTENDING 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 BEHAVIORS ARE UNACCEPTABLE FOR CADETS ATTENDING 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 eight 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 knowledge in reading and math, attain a GED or high school diploma, and seek 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, avoidance strategies, and healthy 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

MANDATED ELIGIBILITY CRITERIA FORM

Yes No **Are you academically deficient or a high school dropout?** 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. 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.

Must be withdrawn from school before the start of the program and must have **Certification of drop out status** (page 7) 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 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

- The purpose of this form is to certify that the applicant will withdraw or be 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

Directions: This form is to be completed by the legal guardian but may require information from the applicant’s previously attended school

- 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 INFORMATION

Name: First _____ MI _____ Last _____

Gender: Male Female **Date of birth:** _____ **Age:** _____

Home Add: _____ **City** _____ **St** _____ **Zip** _____

County of Residence: _____

Mail Add: _____ **City** _____ **St** _____ **Zip** _____

Phone: Home _____ **Cell** _____

Email: _____ @ _____

1. **Ethnicity:** Hispanic/Latino YES NO
2. **Race:** American Indian/Alaskan Asian African American Hawaiian/Pacific Islander White
3. **Applicant's First Language:** _____ **Language at Home:** _____
4. **Hair color:** Auburn Black Blonde Brown Red **Eye color:** Black Blue Brown Green Hazel
5. **Gang status:** Active Not Active Never **Name of gang:** _____
6. **Applicants marital status:** Single Married **Applicant's number of children:** _____
7. **Family income level:** 0-15K 15-25K 25-35K 35-45K Over 45K
8. **Does the family receive household public assistance:** Yes No
9. **Type of assistance received:** Food Stamps Cash Aid Medical Free/Reduced school lunch Other N/A
10. **Is the applicant:** Ward of the State Ward of the Court Foster Child Homeless None of These
11. **Applicant's parents:** Legally Separated Divorced Married Other _____
12. **State born in:** _____ **Resident of Oregon:** Yes No
13. **Times suspended from high school:** _____ **Times arrested:** _____
14. **Prior candidate/cadet of any National Guard Youth Challenge Program:** Yes No
Reason for dismissal: Own request Parent/Guardian request Disciplinary Drug test Medical
15. **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
16. **Do you know anyone else who is applying for this class:** Yes No **Family:** Yes No
Name of person known: _____ Relationship to applicant: _____

Applicant: Last _____ First _____ MI _____

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT PERSON (MANDATORY)

Relation to applicant: Parent Step-Parent Grandparents Spouse Sibling Other: _____
Authorized for applicant pickup: Yes No Legal Guardian: Yes No Receive Mail: Yes No
Custody: Joint Sole None Understand/Speak English: YES NO

Name: Last _____ First _____ MI _____
Home Add: _____ City _____ St _____ Zip _____
Mail Add: _____ City _____ St _____ Zip _____
Phone: Home _____ Cell _____ MSG Phone _____
Email _____ @ _____

SECONDARY CONTACT PERSON (MANDATORY)

Relation to applicant: Parent Step-Parent Grandparents Spouse Sibling Other: _____
Authorized for applicant pickup: Yes No Legal Guardian: Yes No Receive Mail: Yes No
Custody: Joint Sole None Understand/Speak English: YES NO

Name: Last _____ First _____ MI _____
Home Add: _____ City _____ St _____ Zip _____
Mail Add: _____ City _____ St _____ Zip _____
Phone: Home _____ Cell _____ MSG Phone _____
Email _____ @ _____

ALTERNATE CONTACT PERSON (OPTIONAL)

Relation to applicant: Parent Step-Parent Grandparents Spouse Sibling Other: _____
Authorized for applicant pickup: Yes No Legal Guardian: Yes No Receive Mail: Yes No
Custody: Joint Sole None Understand/Speak English: YES NO

Name: Last _____ First _____ MI _____
Home Add: _____ City _____ St _____ Zip _____
Mail Add: _____ City _____ St _____ Zip _____
Phone: Home _____ Cell _____ MSG Phone _____
Email _____ @ _____

FAMILY TRANSLATOR (MANDATORY FOR NON-ENGLISH SPEAKING GUARDIANS)

Relation to applicant: Parent Step-Parent Grandparents Spouse Sibling Other: _____
Authorized for applicant pickup: Yes No Legal Guardian: Yes No Receive Mail: Yes No
Custody: Joint Sole None Understand/Speak English: YES NO

Name: Last _____ First _____ MI _____
Home Add: _____ City _____ St _____ Zip _____
Mail Add: _____ City _____ St _____ Zip _____
Phone: Home _____ Cell _____ MSG Phone _____
Email _____ @ _____

APPLICANT OYCP PARTICIPANT AGREEMENT

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 and agree to the following:

- I will learn and follow all rules in the OYCP Cadet Handbook.
- 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)
- 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.
- 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 agree to personally pick up my child if dismissed from OYCP.
I understand that my son/daughter must have medical insurance coverage to be eligible for OYCP.
If I do not currently have medical insurance for my child, I will purchase medical insurance if my son/daughter is accepted into the program
I understand that I am responsible for all prescription medications.
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 understand that as a condition of acceptance and retention in the program, I must have a qualified, committed mentor for my child.
I understand that my child will be issued clothing and equipment during the residential phase.
I understand that this is a 100% "ALL OR NOTHING" program.
I understand the OYCP uses a "Hands Off" leadership concept.
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

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) 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

Placement is Mandatory to Graduate

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.

D) Why do you want to be selected to participate in OYCP?

APPLICANT: Print Sign Date

OYCP CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Applicant: <u>Last</u>	First	MI	DOB
Legal Guardian: <u>Last</u>	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 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 style="text-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 17-19) 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

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

***** APPLICANT STOP HERE; BELOW INFORMATION TO BE COMPLETED ON INTAKE DAY*****

For Safeway use only

Please call before charging card

Credit/Debit Card Number: Exp. CVV Code

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

Name _____ Date of birth _____

PHYSICIAN REMINDERS: DO NOT COMPLETE PHYSICAL WITHOUT PART I ATTACHED (PG 17)

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 16-25).

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 Physical Evaluation (Part 3, Physical Clearance)

Name _____ Date of birth _____

EMERGENCY INFORMATION/MEDICAL HISTORY (TO BE COMPLETED BY PHYSICIAN).

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

Food Restrictions: _____

Allergy information: _____

Explain all "YES" answers from Medical History section (page 17): _____

- 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

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)
(Not valid without 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 ext22

OYCP CONSENT FOR RELEASE OF CONFIDENTIAL CRIMINAL HISTORY INFORMATION

Applicant must deliver this form to the local county juvenile 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

JUVENILE DEPARTMENT OR ADULT COURT

- Public info. document Criminal background check Police report Psychological Evaluation
- Clearly check the box(s) that apply to the youth identified in the above:
- currently on parole currently on probation current pending charges currently under indictment
- currently charged awaiting sentencing free of felon/adjudication/conviction free of capital offense(s)
- free of any and all assault(s) (sexual/domestic/person-to-person/other) known gang related ties/activities

Responding agency comments:



OREGON NATIONAL GUARD YOUTH CHALLENGE PROGRAM (OYCP)

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



PRIMARY 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 complete an interview with an OYCP Case Manager **(conducted during the first two weeks of residential phase)**.
- Must be at least 21 years of age at the date of mentor training.
- Must be the same gender as the OYCP applicant.
- Must make a 17-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 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 provide a monthly mentor report to OYCP regarding cadet status.
- Must 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)**.

PRIMARY MENTOR SECTION

OYCP PRIMARY MENTOR INFORMATION (complete form in ink) 1 of 2

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 (LEDS) 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, and weight.

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

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

Gender: Male Female **Date of Birth:** _____

Home Add _____ **City** _____ **State** _____ **Zip** _____

County _____ How far do you live from the Program Applicant? (miles): _____

Mail Add _____ **City** _____ **State** _____ **Zip** _____

Phone: Home _____ **Work** _____ **Ext** _____

Cell _____

Email: _____ @ _____

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

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 PRIMARY MENTOR INTERVIEW/TRAINING INFORMATION

The Primary Mentor must be interviewed to determine eligibility and commitment to the OYCP Cadet Mentor program. Interviews will be conducted by OYCP Case Managers during the first two weeks of the residential phase of the program.

The Primary Mentor must complete a set of training modules prior to attending our on-site 6-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, Feb 17, 2018 (9a.m.-3p.m.)

OR

Saturday, Mar 17, 2018 (9a.m.-3p.m.)

OYCP PRIMARY MENTOR INFORMATION (complete form in ink) 2 of 2

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)
2. Have you been convicted of a felony within the last 5 years?
3. Have you ever been convicted of a crime involving assault?
4. Do you have a history of domestic violence? (report, charges, or convictions)
5. Do you have a history of drug or alcohol abuse within the last 5 years?
6. Have you ever been convicted of a crime involving drugs or alcohol?
7. Have you ever been convicted of any crime, other than a minor traffic violation?

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.

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.

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.)

Mentor Applicant: (SIGNATURE) (DATE)

PRIMARY MENTOR SECTION

OYCP MENTOR REFERENCE #1 of 2

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. FAMILY MEMBERS AND HOUSEHOLD MEMBERS CANNOT BE REFERENCES. 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)

Phone: Home _____ Work _____ Ext _____
Cell _____ Email Address _____ @ _____

Reference Signature _____ Date _____

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

PRIMARY MENTOR SECTION

OYCP MENTOR REFERENCE #2 of 2

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. FAMILY MEMBERS AND HOUSEHOLD MEMBERS CANNOT BE REFERENCES. 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)

Phone: Home _____ Work _____ Ext _____
Cell _____ Email Address _____ @ _____

Reference Signature _____ Date _____

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



OREGON NATIONAL GUARD YOUTH CHALLENGE PROGRAM (OYCP)

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



SECONDARY 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 complete an interview with an OYCP Case Manager (**conducted during the first two weeks of residential phase**).
- Must be at least 21 years of age at the date of mentor training.
- Must be the same gender as the OYCP applicant.
- Must make a 17-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 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 provide a monthly mentor report to OYCP regarding cadet status.
- Must 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**).

SECONDARY MENTOR SECTION

OYCP SECONDARY MENTOR INFORMATION (complete form in ink) 1 of 2

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 (LEDS) 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, and weight.

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

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

Gender: Male Female **Date of Birth:** _____

Home Add _____ **City** _____ **State** _____ **Zip** _____

County _____ How far do you live from the Program Applicant? (miles): _____

Mail Add _____ **City** _____ **State** _____ **Zip** _____

Phone: Home _____ **Work** _____ **Ext** _____

Cell _____

Email: _____ @ _____

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

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 SECONDARY MENTOR INFORMATION

As a Secondary Mentor, you serve the purpose as a backup for the Primary Mentor. Once the Primary mentor has passed their background check, interview, and has been successfully matched with the applicant, the Secondary Mentor is relieved from his or her duties.

In the event that the Primary Mentor is disqualified or cannot perform their duties, you will be notified by your assigned Case Manager to assume the role as the Primary Mentor. At this point, the Case Managers will provide detailed instructions on the training requirements.

DO NOT SHOW UP FOR ONSITE MENTOR TRAINING UNLESS SCHEDULED BY CASE MANAGER

SECONDARY MENTOR SECTION

OYCP SECONDARY MENTOR INFORMATION (complete form in ink) 2 of 2

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.) _____

Mentor Applicant: (SIGNATURE) _____ (DATE) _____

SECONDARY MENTOR SECTION

OYCP MENTOR REFERENCE #1 of 2

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. FAMILY MEMBERS AND HOUSEHOLD MEMBERS CANNOT BE REFERENCES. 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)

Phone: Home _____ Work _____ Ext _____
Cell _____ Email Address _____ @ _____

Reference Signature _____ Date _____

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

SECONDARY MENTOR SECTION

OYCP MENTOR REFERENCE #2 of 2

THIS PAGE IS PROVIDED TO ONE OF TWO PERSONS TO BE A REFERENCE FOR THE MENTOR. FAMILY MEMBERS AND HOUSEHOLD MEMBERS CANNOT BE REFERENCES. 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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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)

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