Lincoln’s ChalleNGe Academy

Overview

The Illinois National Guard Lincoln’s ChalleNGe Academy is a program for 16-18 year old at-risk youth. The ChalleNGe Academy is designed to offer its students (Cadets) a variety of educational and vocational opportunities as well as life skills necessary to become successful members of their communities. Lincoln’s ChalleNGe is a 17-month two-phased military modeled training program. The first five months, the Resident Phase, is spent in Rantoul, Illinois where the days are long, mental and physical activities are rigorous and personal time is very limited. In addition to physical training and classroom instruction, each Cadet completes 40 hours of community service activities. Upon successful completion of this phase, Cadets enter the 12-month Post Resident Phase. Cadets work toward the completion of their life plan by continuing their education or entering the job market. Cadets also recruit a Mentor from their community who will keep in contact with them during the Resident Phase and become an active part in their success during the following Post Resident Phase.

Role of the Mentor

The role of the Mentor is to serve as a role model, friend and advocate to a Cadet. Mentoring involves a one-on-one relationship between a youth and an adult wherein consistent support and guidance are provided.

During the Resident Phase, the Mentor maintains contact (telephone and letters) with their Cadet in an effort to provide support and guidance through this somewhat difficult time. The Mentor is also informed of the Cadet’s plans upon graduation so that they may be able to better guide and assist them during the Post Residential Phase. The Mentor aids Cadets in maintaining the basic value and lifestyle changes introduced in the Residential Phase of the program. The goal of the Post Residential Phase is to build on these initial successes and to encourage continued growth and change. The Mentor is essential in assisting Cadets to maximize their individual potential.

The goal of the Mentor is to aid the Cadet in attaining, as well as maintaining, the skills and confidence needed to become a responsible young adult. This will culminate in the Cadet’s desire and ability to succeed in educational and employment opportunities.

How to become a Lincoln’s Challenge Mentor

The first step is to complete a Mentor Application. If you know a potential candidate that is applying to Lincoln’s Challenge, you may include your application with that of the candidate. If you do not have a certain individual that is applying, you may submit the application and we will attempt to match you with a youth from your area. To become a Mentor, you must be:

- Must be at least 21 years of age
- Citizen of the US, or legal resident
- Same gender as Cadet
- Not living in same household / not an immediate family member (mom, dad, brother, sister, step mother, step father, step sister, step brother, legal guardian or foster parent) or, ChalleNGe staff members, their spouses, or significant others.
- Willing to agree to the following:
  - Create and sign a Mentor Contract and Agreement between yourself and your Cadet
Agree to a criminal background check by providing the personal information needed (race, gender and date of birth)

 Attend a Mentor Training/Match session in Rantoul

If you meet and understand these criteria we will begin the formal application process. The application includes a personal and professional reference sheet as well as an interview questionnaire that must be completed. Once your application is received a background check will be initiated.

**Mentor Acceptance Process**

If you are interested in becoming a Lincoln’s Challenge Mentor please refer to the Application Checklist on the back of this packet and complete the application. If you know someone else who is also interested, have them call the Mentor Coordinator at 1-217-892-1334 to request an application. If you have a specific Cadet in mind, include their name on your application where indicated. If you don’t have a specific Cadet in mind, simply indicate that you are willing to be matched with any Cadet. Be sure to complete the application to include the notarized section. Please return the completed application to the incoming Candidate so that they may submit your application to the Regional Coordinator that is recruiting them. Once your mentor application is received you will be contacted to set up a training/match date in Rantoul.

**Mentor Training**

Training will be provided to give you program-specific information that is essential to assist the Cadet in pursuit of his/her goals. Also, included in the training is valuable information on how youth view the world and suggestions on how to deal with often-difficult situations that may be experienced in the mentoring relationship. All mentor training and match sessions are conducted in Rantoul, Illinois. **Mentors must travel to Rantoul to attend a one time training and match session with their Cadet. This is a program requirement!**

**Mentor/Cadet Relationship**

As a LCA Mentor, you are expected to maintain contact with your Cadet for 14 months. During the Resident Phase, communication is limited to letters and telephone calls. Mentors are encouraged to visit their Cadet on pre-determined visitation days. During the 12-month Post Residency Phase, a minimum of four contacts, four hours of contact, or a combination of both, will occur between the mentor and the cadet. At the end of each month a report must be submitted to the Case Manager indicating what happened at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must notify the Case Manager immediately of any changes in addresses, phone numbers or significant problems with their Cadet.

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*You Can Make a Difference ....One Life at a Time*
Mentor Application

RETURN TO:

PRINT CLEARLY IN INK OR TYPE

Date: ___________________

1. _________________________________________________________________________________________
   Last Name & (Maiden Name, if Applicable)    First    Middle    (SR, JR, III, etc)

2. **RACE** (Necessary for Background Check)
   - Hispanic/Latino
   - American Indian
   - Alaska Native
   - Asian
   - Black
   - Native Hawaiian
   - Pacific Islander
   - White

3. **GENDER**: MALE    FEMALE

4. **DATE OF BIRTH** _________/_______/______
   Month – Day – Year

5. **EMAIL ADDRESS**: ____________________________________________

6. (_______) _______________________ (_______) __________________________
   Home Phone Number   Work Phone Number

7. __________________________________________________________________________________
   Address (PO Box, Apt # etc.)
   ____________________________________________
   ____________________________________________
   City    State    Zip    County

8. __________________________________________________________________________________
   Present Employer/School

9. __________________________________________________________________________________
   Work Address    City    State    Zip

10. **Occupation** ________________________________________________    Length employed: __________
    May we contact you at work? Yes _______ No ________

11. **List other employment for the past 3 years (most recent first)**
    Position    Employer    Length of Employment
    ________________________________________________
    ________________________________________________
    ________________________________________________

12. **Education**: High School_________________________________________    Year Grad_______
    College/Univ. or Tech Training ___________________________    Year Grad_______
13. SOCIAL SECURITY NUMBER: ________________________________________________________

14. Marital Status (Circle One): SINGLE MARRIED DIVORCED SEPARATED WIDOWED

15. Valid Driver’s License: Yes___ No___ Driver’s License Number: __________________________

                Expiration Date: _____________

16. Do you have your own transportation? Yes_______ No_______

    If no, do you have access to transportation? Yes_______ No_______

    Do you have vehicle insurance? Yes_______ No_______

*17. Have you ever been arrested, convicted and/or sentenced for a crime? Yes _____ No______

*18. Have you ever sought treatment/counseling for drugs and/or alcohol abuse? Yes______ No ______

    * Are not absolute discriminators for acceptance as a Lincoln’s ChalleNGe Mentor?

19. If known, enter the name of the Cadet you would like to mentor:

_________________________________________________________________________________

20. Available for Interview: ______________________ Morning Afternoon Evening Home or Work Phone

    Day(s) of Week (Circle one) (Circle one)

21. CERTIFICATION: I UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED ON THIS APPLICATION OR GIVING FALSE

    INFORMATION MAY MAKE ME INELIGIBLE FOR ACCEPTANCE INTO THE LINCOLN’S CHALLENGE MENTOR PROGRAM OR SUBJECT TO

    DISMISSAL AS A MENTOR. WITH THIS IN MIND, I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE TO THE

    BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BE RETURNED IF I HAVE NOT PROVIDED ALL THE

    INFORMATION NECESSARY TO PROCESS THE APPLICATION.

Privacy Act Statement

I understand that all forms and information obtained from me and about me will be held in confidence by the

Agency. Only my application is accessible to me and all other information becomes the property of the

Agency. The Agency will not release, unless required by law, information from the volunteer file to outside

sources without my written approval other than verification that I am a volunteer. I understand that certain

information such as Name, Address and Employment may be released to the Mentee’s parents or affiliated

Agency. In addition, periodically volunteer files are audited for the purpose of Academy evaluation by the

Lincoln’s ChalleNGe Academy Graduate Affairs Office and all external governing offices of the Lincoln’s

ChalleNGe Academy, which will uphold the volunteer’s confidentiality.

SIGNATURE: __________________________________________ DATE: _________________________

FOR OFFICE USE ONLY

DMARS Entry: ___________________ Mentor Clean: ______________

Entered By: ___________________ Entered By: ___________________
MENTOR

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

For the period of one year from the execution of this form I, _______________________

(PRINT) Mentor’s Name

Do hereby authorize a release of all said records concerning myself to any duly authorized agent(s) of the Lincoln’s
ChalleNGe Program, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information from any person or
agency to include: educational institutions; records maintained by the National Personnel Records Center and
the US Veteran’s Administration; County, State or Federal Law Enforcement Agencies; employment and pre-
employment records, including background reports, efficiency ratings and complaints or grievances filed by
me or against me; psychiatric or psychological and social history/assessment records, wherever they may be
maintained, including the Illinois Department of Children and Family Services; and records pertaining to
previous volunteer experience.

I understand that any information obtained by a personal history background investigation which is developed directly or
indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a Lincoln’s
ChalleNGe Mentor. I also certify that any person(s) who may furnish such information concerning me shall not be held
accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be
incurred as a result of furnishing such information. I further release the Lincoln’s ChalleNGe Program from any and all
liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an
original in writing of my signature.

I have read and fully understand the contents of the “Authorization for Release of Personal Information”.

_____________________   Date

Mentor Address:   Mentor Home Phone: _________________________________

Mentor Bus. Phone:  __________   ______

Mentor Social Security #:__________________________  Mentor Date of Birth:__________________________

MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched Cadet, and that I must
exercise care in supervising my Cadet while we are together. I also understand and agree that I am not a Lincoln’s
ChalleNGe agent, and the Lincoln’s ChalleNGe does not retain any power to control how these activities are conducted except
to require these activities to be conducted in the State of Illinois. I, therefore, agree that Lincoln’s ChalleNGe will not be
liable for, and I agree to hold Lincoln’s ChalleNGe harmless form any and all liability, causes of action and losses imposed on
it in any way relating to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries,
whether the liability, cause of action, or loss is caused by my negligence, or Lincoln’s ChalleNGe negligence or otherwise. I
further release Lincoln’s ChalleNGe from any and all liability, claims, demands or actions or causes of action whatsoever
arising out of any damage, loss or injury I might incur while participating in any of the activities contemplated by this
mentoring agreement, whether such damage, loss, or injury is caused by the negligence of Lincoln’s ChalleNGe, its officers,
agents, servants, employees or otherwise.

Printed Name: _____________________________  Mentor’s Signature: _____________________________  Date: __________

IN WITNESS WHEREOF, I have affixed my signature hereto this ________ day of __________________ 20_____

Given under my hand this ________ day of __________________ 20_____.

______________________
Notary Public Signature
Lincoln’s Challenge Academy
Reference Form

Mentor’s Name: ________________________________

Cadet’s Name: ________________________________

**Personal References (2)**

Name: _______________________________________

Address: ______________________________________

Street, P.O. Box, Apt #  City  State  Zip

Home Phone: (   ) -

Work Phone: (   ) - _______  Years known:________

Name: _______________________________________

Address: ______________________________________

Street, P.O. Box, Apt #  City  State  Zip

Home Phone: (   ) -

Work Phone: (   ) - _______  Years known:________

**Professional Reference**

Name: _______________________________________

Employer: _____________________________________

Job Title: _____________________________________

Work Phone: (   ) -

Home Phone: (   ) - _______  Years known:________
MENTOR POSITION DESCRIPTION

Position Summary

The Mentor serves as a role model, friend, and advocate to the Cadet for at least 14 months.

Working Relationship

There is one Mentor for each student.

The Mentor reports to the Case Manager.

Duties & Responsibilities of the Mentor

Commits to spending at least 14 months in contact with the Cadet.

Cooperates with the Mentor selection process by returning screening materials.

Attends Mentor’s Training to learn to effectively relate to Cadets.

Attends a Mentor/Mentee commitment ceremony.

Assists the Cadet with the Post-Residential phase and monitors their progress.

Make consisted contact with the Cadet. There must be at least four hours of contact per month.

Observes all Academy policies and guidelines. Disclose possible Cadet Violations of policy with the Case Managers.

Coordinates the Cadet’s access to the community resources.

Schedules informal fun activities with the Cadet.

Communicates monthly with the Case Manager and informs of any problems or needs in the Mentor/Cadet relationship.

Mentor Signature: ____________________________________________
Mentor’s Name: ________________________________

1. What interested you in becoming a Lincoln’s ChalleNGe Mentor?
   __________________________________________
   __________________________________________
   __________________________________________

2. What experience do you have with troubled youth?
   __________________________________________
   __________________________________________
   __________________________________________

3. What are your expectations about being a Mentor?
   __________________________________________
   __________________________________________
   __________________________________________

4. What attitudes and beliefs are of special importance to you?
   __________________________________________
   __________________________________________
   __________________________________________

5. Are you related to the Mentee that you are mentoring and if so what is your relation?
   __________________________________________
   __________________________________________
   __________________________________________

6. Do you live with your Mentee ____________

7. Have you ever been arrested, convicted and/or sentenced of a crime? If so, please explain the circumstances.
   __________________________________________
   __________________________________________
   __________________________________________

8. Have you ever been arrested, convicted and/or sentenced of a crime? If so, please explain the circumstances.