



Dream. Believe. Achieve.

Commonwealth Challenge Youth Academy
253 C Street
Camp Pendleton
Virginia Beach, Virginia 23451
www.vachallenge.org
Telephone: (757) 491-5932
Fax: (757) 491-2146



Mentor Requirements Checklist

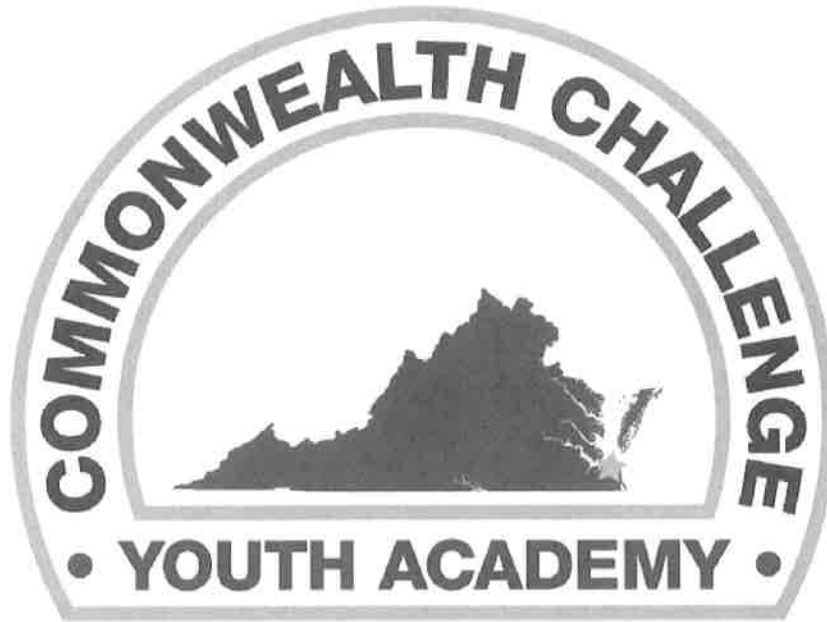
We are attaching this checklist in order to make the mentoring application process easier for those who desire to become a Mentor. Once all required documents are submitted we will begin to process the application packet. For future information please contact Mrs. N Soto at the below listed number or email:

- Completed Mentor Application Packet
 - Complete the Mentor Information Documents
 - Sign and date Mentoring Agreement/Position Description
 - Have perspective Cadet also sign and date the Mentoring Agreement/Position Description
 - Sign Mentor Liability Release
 - Fill out the Authorization for Mentor Background Check
- Complete the Child Protective Services background check (CPS). This form must be signed in front of a notary. Commonwealth Challenge will submit and pay for the background Check for the CPS form. Mentors will also have to have their fingerprints completed by a Challenge Staff during Orientation or by Making an appointment.
- Submit two Mentor Reference Forms, completed by two different people.
- Read and Sign Privacy Act Statement
- Answer all questions on the Mentor Interview Questionnaire.
- Attend Mentor training that is conducted by the Mentor Department during orientation.
- Complete the Mentor Online Training, and submit completed questions along with the Mentor Application. Training can be found at the following website, <http://www.vachallenge.org/mentor-training/>

Once all required documents are submitted and the fingerprint and background check is returned from the Central Registry Department, the Mentor will be contacted to inform them of their approval or dis-approval.

Nidalvette Soto

Mentor Coordinator Assistant
Commonwealth Challenge Youth Academy
Office: 757-491-5932, Ext 236
Email: nsoto@vachallenge.org



MENTOR APPLICATION PACKET

Potential Cadet First and Last Name: _____

Application for Class Starting on: _____

Mail Completed Application to:

Commonwealth Challenge Youth Academy
253 C Street, Camp Pendleton
Virginia Beach, VA 23451
Main Phone: 757-491-5932
Fax: 757-491-2146
<https://www.vachallenge.org>

Please Print Clearly, complete all pages, and answer all questions completely.



Commonwealth Challenge Youth Academy Mentor Application

Name of Cadet:

Class:

PROSPECTIVE MENTOR INFORMATION

Last Name: First Name: Gender: M F DOB:

Address: City: State: Zip Code:

Cell phone: Home Phone: Email:

Ethnicity/Race

- Hispanic/Latino American Indian African American Asian Caucasian
 Alaska Native Pacific Islander Other

Marital Status: Married Divorced Single Widowed

How long have you been a resident of? Years Months

What states have you lived in during the last five years?

Are you related to this youth? Yes No If Yes, How:

Employer Information:

Employer Name: Employer phone number:

Address: City: State: Zip Code:

Job Title: Dates of employment: to

Employment Status:

Education: High School Graduate College/University or Tech:

What year did you graduate:

What are your interests and/ or hobbies?

If this match does not work out, would you consider mentoring another youth from your area Yes NO

If you have any questions or concerns about CCYA, please call our Admissions Office at 757-491-5932, ext. 240, 236



Commonwealth ChalleNGe Youth Academy

Mentor Application

MENTORING AGREEMENT /POSITION DESCRIPTION

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

The Commonwealth ChalleNGe Youth Academy (CCYA) Mentor and Youth Applicants agree to:

- Keep in touch through letter writing when the class begins and during the steps before being officially matched by the CCYA. **{These steps include mentor training, youth training, complete paperwork from both, adult background check, mentor screening, notification of approval, and a face-to-face meeting between both.}** We will not spend time alone unless the legal guardian approves or until officially matched by CCYA.
- During the Residential Phase, have at least **one** off-site visit before the thirteenth week to officially begin our match **(this is normally done during the first home pass)**.
- Commit to maintaining weekly contact through letter writing, phone, email, or any other form of communication permitted by the academy until finished with the 17 ½ month program.
- Spend time together in person at least four hours per month during the **Post Residential Phase** when and if the student returns to the hometown community.
- Work together in any revision of the Cadet’s Post Residential Action Plan (P-RAP).
- Notify each other in advance, if it is impossible to keep an appointment.
- Do our best to get to know, trust, respect, and communicate with each other.
- Allow the CCYA staff to mediate if the match has to end early for any reason.
- Update the CCYA staff monthly, at the end of our 17 ½-month agreement, decide our plans, and celebrate our time together.

We understand these terms of the Mentoring Agreement and we will abide by them if officially matched by the Commonwealth ChalleNGe Youth Academy.

ChalleNGe Mentor Applicant Signature and Date

ChalleNGe Mentor Applicant PRINTED

Youth Applicant’s Legal Guardian Signature and Date

ChalleNGe Youth Applicant Signature and Date

ChalleNGe Youth Applicant PRINTED

ChalleNGe Youth Applicant’s Legal Guardian PRINTED



Commonwealth ChalleNGe Mentor Academy Application

MENTOR LIABILITY RELEASE

PURPOSE: This form advises you (Mentor) that you are agreeing to hold the State of Virginia/the Commonwealth ChalleNGe Youth Academy harmless for injuries, damages and/or losses you incur as a result of volunteering to become a mentor and participating in mentoring activities. It also explains that as a mentor you are not considered an agent, employee or representative of the Commonwealth Challenge Youth Academy and therefore not covered under any state/agency insurance or Labor and Industries disabilities coverage for any expenses, injuries damages, or losses you incur as the result of your participation as a mentor.

Volunteer Mentor Activities. I understand and agree that while volunteering as a mentor I will be engaging in school-based and community-based mentoring activities with my matched Youth Academy Cadet Mentee. I understand that these activities may include a variety of interactions between my mentee and myself to include; letter writing/email correspondence, telephone calls, and day visits on and off Commonwealth ChalleNGe Youth Academy (CCYA) campus during the residential phase. These activities may have inherent risks such as physical activities, community service projects or recreational activities. I recognize that I must exercise care in supervising my mentee during the residential and post-residential phase of the mentoring relationship; including planning and selecting the type of activities we participate in during our visits together. Further, I understand that the goal of mentoring is to develop a positive adult/youth relationship. I agree that I am responsible for choosing and conducting all activities with my mentee, and I agree that such activities will be legal and focus on trust and relationship building, open communication, mentee social skill building, and other related activities will be conducted in the State of Virginia during both the residential and Post Residential Activity Phase (P-RAP).

Volunteer Mentor Status. I also understand and agree I am not an agent, employee or representative of the State of Virginia/ CCYA in my capacity as a mentor, nor will I claim to be such a representative, officer or employee of the CCYA. I will not make any claim of right, privilege or benefit that would accrue to such an employee. I do not expect to receive any monetary wages for services rendered during the mentoring period and understand as a volunteer I am not covered for any injury, damage or loss suffered while acting in the capacity as a mentor. I understand that if I use my private motor vehicle in the course of my volunteer mentor duties, it is my obligation to obtain and maintain state required liability insurance to cover any accidents involving my vehicle and to maintain the appropriate legally required vehicle operator's license. I further understand that it is my responsibility to obtain and maintain insurance policies for damage, loss or liability on all personally owned, leased or rented equipment I use while performing as a volunteer mentor. Commonwealth ChalleNGe Youth Academy, Virginia National Guard and the State of Virginia will not provide any liability or other insurance coverage.

Hold Harmless. The Mentor will hold harmless the Commonwealth Challenge Youth Academy, Virginia National Guard, State of Virginia, and its employees while performing his/her mentoring activity, from any and all costs, claims, judgments, and/or awards of damages (both to persons and/or property), which may accrue to or be suffered by any person(s), or property, arising out of mentoring activities.

The Mentor agrees to and hereby does waive any and all claims for personal injury and damages or losses to property, including expenses or lost revenues, in connection with mentoring activities.

In case any claim, suit or action is brought against the Commonwealth ChalleNGe Youth Academy, Virginia National Guard, State of Virginia, and its employees, arising out of the mentoring activity, the mentor shall, upon notice of such claim, suit or action, defend the same at his/her sole expense and satisfy any judgment and/or award of damages.

This indemnification and waiver shall survive the termination of this release.

Mentor's Signature _____ Date _____

Printed Name: _____

IF NOT SIGNED, THIS APPLICATION WILL NOT BE ACCEPTED



Commonwealth Challenge Youth Academy

AUTHORIZATION FOR MENTOR BACKGROUND CHECK

PURPOSE: This form asks direct questions about your background that must be answered in order for us to conduct the necessary background check. The questions are necessarily personal and sensitive—as would be expected when the safety and security of a young person is involved.

NAME OF THE STUDENT YOU WISH TO MENTOR:

In order to process your application to be a mentor for to a student attending the CCYA, we must conduct a reference check and a criminal background check and sexual offender registry check. The information listed on the Prospective Mentor Information and this document is used to conduct the background investigation. The CCYA staff will not disclose this information to any third party not involved in conducting that investigation. The CCYA does not discriminate on the basis of ethnicity, color, creed, sex, age, or religion.

NAME **SSN**

Note: Your Social Security Number is **necessary for obtaining the background check**. If you prefer not to disclose it, please contact our office about obtaining and providing a fingerprint criminal history background check at your own expense

➤ Have you ever been arrested for a sex-related crime? Yes No
 If YES, explain the incident and specify the state and date in which it occurred:

➤ Have you ever been convicted of a sex-related crime? Yes No

➤ Have you ever been held, arrested, charged or convicted for a crime involving minors? Yes No
 If YES, explain the incident and specify the state and date in which it occurred:

➤ Have you ever been convicted of a crime involving violence or threat of violence? Yes No
 If YES, explain the incident and specify the state and date in which it occurred:

➤ Do you have a history of physical abuse and/or domestic violence? Yes No

If YES, was a police report filed? Yes No

If YES, were charges filed? Yes No

If YES, were you convicted? Yes No

➤ Have you ever been convicted of a crime involving drug activity or alcohol related offenses? Yes No
 If YES, explain the incident and specify state and date in which it occurred:

➤ Do you have a history of alcohol, drug, or substance abuse? Yes No

➤ Have you ever been convicted of a crime, other than a minor traffic violation? YES NO
 If YES, What was the crime? Outcome?

➤ Have you been arrested for a crime and are awaiting formal filing of charges or trial? If YES, what was the arrest for? Current Status?



Commonwealth ChalleNGe Youth Academy

Mentor Application

AUTHORIZATION FOR MENTOR BACKGROUND CHECK

(Continued)

STATEMENT OF CONFIDENTIALITY

While serving as a mentor for a student in the Commonwealth ChalleNGe Youth Academy, you will gain information that may be considered personal and/or confidential and should be treated accordingly. Besides breaching the trust that is the foundation of your mentoring relationship, an improper disclosure to an unauthorized third party could constitute a violation of Virginia law and make you subject to legal action. All records dealing with your student/mentee must be treated as confidential.

RELEASE OF INFORMATION

I hereby grant to the Commonwealth ChalleNGe Youth Academy, the Virginia National Guard, and appropriate law enforcement agencies permission to check my references and civil or criminal records to verify any information provided in this application. My signature below certifies that I have read the above material and understand the purpose and nature of the background investigation. Further, I understand my duty as a mentor to abide by the laws of the State of Virginia and the laws and policies governing the preservation of confidential information.

| | | |
|---------------------|------------------|-----------------|
| Printed name | Signature | Date / / |
|---------------------|------------------|-----------------|

We thank you for your interest and commitment to helping this student. Your support and guidance will be critical to his or her success at the CCYA and in the post-graduation period as they move into the next phase of their lives.

If you have any questions or concerns about this Mentor application, please contact our Mentoring Coordinator at 757-491-5932 ext. 240

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate "initial only" otherwise, enter a full middle name given at birth.
3. For "other names used" list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write "N/A".
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier's check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children's Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name Commonwealth ChalleNGe Youth Academy
 Address Bldg 253 C Street, Camp Pendleton
 City Virginia Beach State VA Zip 23451
 Contact Name Lakisha Ransom Tel.# 757-491-5932 Ext 229
 Contact E-Mail lransom@vachallenge.org

Payment/FIPS Code
 (Use only if assigned by OBI-CRU)

T10442

Mandatory if agency code
 has been assigned

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

| | | | | |
|--|--|---|------|--|
| Last Name | First Name | Full Middle Name – (given at birth) - No Initials (if middle name is an initial, indicate "Initial Only") | | |
| Maiden Name (last name before marriage) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY) | Race | |
| Driver's License Number or ID # | Social Security Number | Other names used; nicknames, legal names (refer to instruction page) | | |
| Current Address (Include Street # and Apt #) | City | State | Zip | |

Applicant's Prior Addresses

| Include Street # and Apt # | City | State | Zip | Start Date (MM/YY) | End Date (MM/YY) |
|----------------------------|------|-------|-----|--------------------|------------------|
| | | | | | |
| | | | | | |

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

| Last Name | First Name | Full Middle Name (given at birth) | Maiden Name | Race | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY) |
|-----------|------------|-----------------------------------|-------------|------|--|----------------------------|
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

| Last Name | First Name | Full Middle Name (given at birth) | Relationship | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY) |
|-----------|------------|-----------------------------------|--------------|--|----------------------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only

Commonwealth ChalleNGe Mentor Academy Application

Mentor Reference Form

YOU MAY USE TWO FRIENDS AND ASSOCIATES TO COMPLETE THE FOLLOWING REFERENCE RESPONSE FORMS ABOUT YOU.

NAME OF MENTOR _____

REFERENCE PLEASE COMPLETE THE INFORMATION LISTED BELOW:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work/Message Phone: _____

Email: _____

Relationship to applicant: Friend neighbor Other _____
 Relative Work Associate

The above Mentor Applicant is applying to mentor a student attending the Commonwealth Challenge Youth Academy. In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 1-800-796-6472, ext 240 or 250

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

What is your relationship to the applicant? _____

As far as you know, does the mentor applicant have a good home environment? Yes No

Does the mentor applicant work well with others? Yes No

Does the mentor applicant have a tendency to over-commit/get involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

| | Excellent | Good | Average | Poor | Unknown |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes commitments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend the mentor applicant as a good choice to work with a teenager? Yes No

Would you want the applicant to mentor your child (or niece, nephew, etc)? Yes No

Reference's signature

_____/_____/_____
Date

Commonwealth Challenge Mentor Academy Application

Mentor Reference Form

YOU MAY USE TWO FRIENDS AND ASSOCIATES TO COMPLETE THE FOLLOWING REFERENCE RESPONSE FORMS ABOUT YOU.

NAME OF MENTOR _____

REFERENCE PLEASE COMPLETE THE INFORMATION LISTED BELOW:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____

State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____ Work/Message Phone: _____

Email: _____

Relationship to applicant: Friend neighbor Other _____
 Relative Work Associate

The above Mentor Applicant is applying to mentor a student attending the Commonwealth Challenge Youth Academy In processing this application, it's important that we have additional insight in his/her character, emotional stability, etc. Please answer these questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at 1-800-796-6472, ext 240 or 250

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What is your relationship to the applicant? _____

As far as you know, does the mentor applicant have a good home environment? Yes No

Does the mentor applicant work well with others? Yes No

Does the mentor applicant have a tendency to over-commit/get involved in too many things? Yes No

Please rate the mentor applicant in the following areas:

| | Excellent | Good | Average | Poor | Unknown |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Morals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compassion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Completes commitments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reachable (returns calls, emails, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend the mentor applicant as a good choice to work with a teenager? Yes No

Would you want the applicant to mentor your child (or niece, nephew, etc)? Yes No

Reference's signature

Date / /



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Camp Pendleton
Virginia Beach, Virginia 23451
www.vachallenge.org
Telephone: (757) 491-5932 Fax: (757) 491-5934



October 25, 2018

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigation, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Policy. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (See 28 CFR 16.30 through 16.34). You may obtain a copy of your Virginia Criminal History by submitting form SP-167, available at http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtm, to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

Print name _____ Signature _____ Date _____



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Commonwealth Challenge Youth Academy

253 C Street, Virginia Beach, VA 23451
757-491-5932, Website: www.vachallenge.org



MENTOR INTERVIEW QUESTIONNAIRE

Please complete this and our Post-Residential staff will contact you to review your answers.

Name of Mentor Prospect: _____ **Date:** _____

Email: _____ **Phone:** _____

Name of Cadet: _____

1. How did you hear about our mentoring program? CADET Applicant Friend Brochure Presentation. Other: _____

2. Why do you want to become a CCYA mentor?

3. Do you sometimes have the tendency to over-commit yourself? Get too involved?

4. Do you currently or have you ever served as a volunteer? No Yes, explain

5. Other Volunteer Commitments?

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

7. Past experience working with children/youth:

8. Do you have your own transportation? YES NO Describe _____

By signing you acknowledge that you have been trained and understand that you are considered a "Mandated Reporter" by Virginia's code 63.2-150



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Commonwealth Challenge Youth Academy

253 C Street, Virginia Beach, VA 23451
757-491-5932, Website: www.vachallenge.org



9. What are some things you can think of that you might have in common with a young person?

10. How would you react if your mentee came to you and said he/she was thinking about using drugs?

11. How would you react if your mentee called you from jail?

12. How would you react if your mentee told you he-she was trying to decide whether to join the military, or take a partial scholarship and go to college?

13. Regarding your health, are there any physical limitations or special concerns

By signing you acknowledge that you have been trained and understand that you are considered a "Mandated Reporter" by Virginia's code 63.2-150