

## Application Instructions – Read Carefully



Fill out completely and return promptly in order to be considered as an applicant.

Incomplete applications will not be reviewed.

If you have questions, contact the **RPM Department** at **(629) 888.5855** or **TNVCA administration: (629) 888.5868**.

We recommend that you keep a copy of your entire application.

### CHECKLIST:

- Applicant & Parent information sheet, education, and emergency contacts:** Fill in every blank.
- Personal application essay:** Written by the applicant. Typed letters will not be accepted.
- Copy of official Birth Certificate:** (Copy on its own page) **Do not submit original.**
- Copy of Social Security Card:** (Copy on its own page) **Do not submit original.**
- Copy of Tennessee Identification Card or Driver's License: Each cadet must have a State issued I.D. Card.**  
This can be a Tennessee driver's license, or Tennessee I.D. card. If you do not have one, apply for one at the DMV and send us a COPY of your "proof of application".
- Legal Information Page:** If student has had any contact with law enforcement, complete the legal form and provide any and all paperwork from court, school and or law enforcement. List any involvement with law enforcement or the court system. We also must have any documents regarding your court case, probation info and your probation officer's signature.
- Papers establishing legal guardianship:** If parents are separated or divorced, we need a copy of court document showing legal custody, such as divorce papers. Other cases requiring guardianship papers would be adoption, foster care, ward of the court, etc.
- Transcripts from all high schools attended. (A form is included for you to present to your school)**
- Individualized Education Plan (IEP): Only if this applies to you!**
- Sports physical (completed by physician), medical history forms, insurance information, medications, allergies, (pages 13-16).**
- Copies of front and back of insurance card** (vision and dental cards, also).
- A copy of Immunization/Shot record. (If immunization is on school transcript (Make separate copy)
- Special Power of Attorney for Medical Care and Medical Expense Statement of Understanding:** This page must be notarized.
- Dental Examination: Applicant** should go to a dentist, have an oral health exam prior to day one.
- Mentor Application:** Your mentor fills out this application. It must be returned with the cadet application. It may be in a sealed envelope for privacy.



TENNESSEE

VOLUNTEER

# CHALLENGE ACADEMY

## APPLICATION PACKET

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### **Tennessee Volunteer ChalleNGe Academy**

ATTN: RPM

3965 Stewarts Lane

Nashville, Tennessee 37218

629.888.5855 or 629.888.5868

<https://www.tnvolunteerchallenge.com>

Email: [tnvca@tn.gov](mailto:tnvca@tn.gov)

The mission of the Tennessee Volunteer ChalleNGe Academy (TNVCA) is to intervene in and reclaim the lives of at-risk youth and produce program graduates with the values, skills, education and self-discipline necessary to succeed as productive citizens of Tennessee.

The Tennessee Volunteer Youth ChalleNGe Program is a 17 ½ month program that is broken into phases: a two week Acclimation, 5 months Residential Phase and a 12 months Post Residential Phase. During the 22-week Residential Phase, Cadets focus on 8 Core Components in a quasi-military environment. The components are used to develop personal values, self-discipline, academic success, and healthy lifestyles, job skills, life coping skills as well as setting goals and creating a life plan. Once a Cadet graduates the Residential Phase, a 12 month Post Residential Phase begins which consists of a one-year follow-up. Graduates return to their communities and implement their life plans supported by their mentor who serves as their role model.

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The basic qualifications for acceptance into the **Tennessee Volunteer ChalleNGe Academy (TNVCA)** program are:

- 16-18 years old at time of entry to the program
- A high school dropout or at risk of dropping out due to credit deficiency or other risk factors
- Free from use of illegal drugs and substances (applicants will be tested)
- Mentally and physically able to participate in the program
- Not currently on parole or probation for more than juvenile status offenses. Not awaiting sentencing, and not under indictment, charged or convicted of a crime that is considered a felony when charged as an adult.
- A legal resident of the US and the state of Tennessee
- Complete and submit a Tennessee Volunteer ChalleNGe Cadet Application Packet (must include all supporting documentation).
- Parent/Legal Guardian AND applicant must attend an Orientation.

***Incomplete applications will not be accepted!***



# Tennessee Volunteer Challenge Academy

## CADET APPLICATION FORM

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr/II)

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Age: \_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Are you a US Citizen:  Yes  No  
Are you a Resident of the State of Tennessee:  Yes  No

**Ethnicity:** (Select one)

- American Indian/Alaskan Native  Asian/Pacific Islander  Black not of Hispanic Origin  
 Hispanic  White not of Hispanic Origin  Other (For statistical purposes only. The TNVCA does not discriminate on the basis of race, color, religion, gender or national origin.)

Married:  Yes  No

Do you (the applicant) have any children?  Yes  No If yes, how many? \_\_\_\_\_

(\*\*If yes, please provide copies of guardianship papers for the person that will be legally responsible for your dependent(s) while attending the Academy.)

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Initial: \_\_\_\_\_

Relationship:  Parent  Stepparent  Grandparent  Legal Guardian  Other \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Is this a Custodial Parent / Legal Guardian:  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ APPLICANT RESIDES AT THIS ADDRESS:  Yes  No

**Other Parent / Guardian Information / Emergency Contact Person**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Initial: \_\_\_\_\_

Relationship:  Parent  Stepparent  Grandparent  Legal Guardian  Other \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Is this a Custodial Parent / Legal Guardian:  Yes  No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_ APPLICANT RESIDES AT THIS ADDRESS:  Yes  No



# Tennessee Volunteer Challenge Academy

## CADET APPLICATION FORM

### Cadet Substance Abuse

I understand that I must be Drug Free to enter the TNVCA Program. All Applicants selected to attend TNVCA agree to voluntary drug testing. TNVCA is not a drug or substance abuse rehabilitation program. A failure of any drug test will result in immediate dismissal from the program – no exceptions.

**I understand that I will be given a drug test throughout the Program.**

\_\_\_\_\_ *Cadet Initial*      \_\_\_\_\_ *Parent/Guardian Initial*

### Cadet School Information

Name of Last School Attended: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

Do you have an Individual Education Plan (IEP)?  Yes  No *(If yes, please provide copy.)*

Date last attended school: \_\_\_\_\_ What was the last grade completed? \_\_\_\_\_

Were you (expelled) or did you (withdraw)? (circle one) *If yes, please specify date and reason:* \_\_\_\_\_

### Cadet Employment Information

Are you Unemployed (*No job*)?  Yes  No

Are you Underemployed (*Working less than 30 hours per week*)?  Yes  No

### Juvenile Justice Background / DCS Background Information (information will be verified)

1) Are you awaiting trial?  Yes  No  
*If yes, please explain:* \_\_\_\_\_

2) Were you ever convicted of a felony or was an adjudication withheld?  Yes  No  
*If yes, please explain:* \_\_\_\_\_

3) Are you currently under a DCS provider?  Yes  No *If yes, please provide current contact information.*  
Case Worker: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4) Are you on Probation?:  Yes  No  
*If yes, please explain:* \_\_\_\_\_

### Insurance *(Please provide a copy of insurance cards.)*

Do you have Medical Insurance:  Yes  No      Name of Insurance: \_\_\_\_\_

Do you have Prescription Insurance:  Yes  No      Name of Insurance: \_\_\_\_\_

Do you have Vision Insurance:  Yes  No      Name of Insurance: \_\_\_\_\_

Do you have Dental Insurance:  Yes  No      Name of Insurance: \_\_\_\_\_



# Tennessee Volunteer ChalleNGe Academy

## CADET APPLICATION FORM

### OTHER

How did you find out about the Tennessee Volunteer Youth Challenge Academy? \_\_\_\_\_

Who referred you? \_\_\_\_\_  
(Last) (First)

In 150 words or less, tell us why you should be accepted in the Tennessee Volunteer Youth Challenge Academy. Describe your goals for the future and how this program will help you achieve these goals. Attach additional paper if necessary. **Please use the Essay Sheet on the next page. ESSAY TO BE COMPLETED BY APPLICANT ONLY.**

**BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I WILL REPORT ANY AND ALL CHANGES TO MY APPLICATION INFORMATION TO THE TENNESSEE VOLUNTEER CHALLENGE ACADEMY. I UNDERSTAND THAT MY ACCEPTANCE INTO THE TENNESSEE VOLUNTEER CHALLENGE ACADEMY IS CONTINGENT ON THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Tennessee Volunteer ChalleNGe Academy**  
 ATTN: RPM  
 3965 Stewarts Lane  
 Nashville, Tennessee 37218  
 629.888.5855 or 629.888.5868  
<https://www.tnvolunteerchallenge.com>  
 Email: [tnvca@tn.gov](mailto:tnvca@tn.gov)

## **ESSAY SHEET**

**(To be completed by Applicant only)**

**Name:** \_\_\_\_\_

**In 150 words or less, tell us why you should be accepted into the Tennessee Volunteer Youth Challenge Academy. Describe your goals for the future and how this program will help you achieve these goals. Attach additional paper if necessary.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **EMERGENCY CONTACTS**

*In the event of an emergency and I (legal guardian) am unable to be reached, I authorize TNVCA staff to contact the following individuals with general information to contact me.*

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Relationship:**  Parent  Stepparent  Grandparent  Legal Guardian  Other \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Is this a Custodial Parent / Legal Guardian:**  Yes  No  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Relationship:**  Parent  Stepparent  Grandparent  Legal Guardian  Other \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Is this a Custodial Parent / Legal Guardian:**  Yes  No  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
**Relationship:**  Parent  Stepparent  Grandparent  Legal Guardian  Other \_\_\_\_\_  
**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Is this a Custodial Parent / Legal Guardian:**  Yes  No  
**Mailing Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_



## **APPLICANT RESIDENTIAL GOALS**

List three goals you hope to attain while in the Residential Phase of the Tennessee Volunteer Challenge Academy (i.e. HISET, Platoon of the Cycle, member of Color Guard, get in physical shape, learn self-control, etc.).

**GOAL # 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL # 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL # 3:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT POST RESIDENTIAL GOALS**

List three goals that you would like to seek upon graduation from the Residential Phase of the Tennessee Volunteer Challenge Academy (i.e. join the military, go to college, attend a vocational or technical school, a specific job you would like to obtain, etc.).

**GOAL # 1:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL # 2:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL # 3:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Certificate of Understanding and Release of Liability

I, \_\_\_\_\_ whose child, \_\_\_\_\_, have  
(Parent/Guardian/Self (if 18 years old) (Cadet's Name/Mark N/A if applicant is 18)

applied for enrollment in **The Tennessee Volunteer ChalleNGe Academy** and do hereby certify:

1. That I hereby consent/permit my child to participate in all Tennessee Volunteer ChalleNGe Academy (TNVCA) activities which may include unique activities such as rappelling, ropes course, aircraft rides (to include Military aircraft), physical activities, and various off-campus activities and service to community; to include transportation to and from such events and transportation to and from classes and any event not on TNVCA property; AND Mentor activities for a period of 12 months after the Residential program is completed.
2. I also give TNVCA permission as deemed appropriate with released liability. I fully understand that the information collected may be sensitive, confidential, and privileged in nature, and may reflect upon my child's/my selection, participation, and/or dismissal.
3. That my child/I will be residing at TNVCA.
4. That TNVCA has my permission to release photographs/biographies of my cadet (unless specified in writing) to the media, for marketing material and non-confidential information of my cadet to the same for marketing purposes.
5. I give my permission for TNVCA staff to maintain discipline in the program by imposing disciplinary measures upon my child/me, in accordance with published Academy policies and procedures.
6. I also understand that during the course of the Program, my child/I may be randomly tested for drugs and alcohol. I also understand that a positive test result for illegal drugs or alcohol will subject my child/me to immediate dismissal from the program. (National Guard Bureau Policy)
7. I give full permission to TNVCA to utilize the above listed applicant's information for purposes of reporting and tracking data to the TN Department of Military Affairs, the National Guard Bureau, Department of Child Services, and local school districts. The information will not be released for any other purposes than stated and will be kept confidential.
8. I agree that the day to day living expenses of my child are the responsibility of the Tennessee Volunteer ChalleNGe Academy with the exception of Medical and Dental expenses outlined in the Medical Policy.

FURTHERMORE, in consideration of my child's/my participation in the TNVCA, I HEREBY RELEASE the State of Tennessee, the officers, agents, employees' successors, and assignees from any and all liability which may arise from my child's/my application, selection, participation, or dismissal from TNVCA and I AGREE to indemnify and hold harmless the State of Tennessee, National Guard Bureau, Tennessee Department of Child Services, TN Department of Military, TNVCA, officers, agents, employees, successors and assignees regarding any liability or cause of action which may arise from my cadets participation in this Academy.

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC\*\*\*\*\*

IN WITNESS WHEREOF, I have affixed my signature: \_\_\_\_\_  
(Signature of Parent/Guardian If Under 18 or Cadet Signature If 18)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(Name of Parent/Guardian if under 18 or name of Student if 18)

\_\_\_\_\_  
Signature Notary Public

My commission expires: \_\_\_\_\_



**LEGAL GUARDIAN’S RECOGNITION OF**  
**RESPONSIBILITY TO PICK UP**  
**A CADET UPON DISMISSAL**

*(Read then Initial next to each number)*

\_\_\_\_\_ 1. I am the parent/legal guardian of \_\_\_\_\_.  
*(Print applicant’s First and Last Name; Mark N/A if applicant is 18)*

\_\_\_\_\_ 2. I understand that if my child becomes a cadet at the Tennessee Volunteer ChalleNGe Academy, the Academy retains the right to dismiss my child from the Academy for a variety of reasons including, but not limited to, an inability to participate in the program, a refusal to participate in the program, medical concerns and /or behavior concerns.

\_\_\_\_\_ 3. I understand that I have a responsibility to maintain a current phone number with the Tennessee Volunteer ChalleNGe Academy so that I can be contacted in the event of an emergency.

\_\_\_\_\_ 4. I understand that if my child is dismissed from the Tennessee Volunteer ChalleNGe Academy, I will be notified and will then be responsible for arranging transportation.

\_\_\_\_\_ 5. I understand that if I fail to pick up my dismissed cadet, the Department of Child Services (DCS) or local police may be contacted as deemed appropriate by the Tennessee Volunteer ChalleNGe Academy.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian **Print Name**

\_\_\_\_\_  
Date



# Consent to Treat for Medical Care

I, \_\_\_\_\_, parent or legal guardian of (or Applicant, if 18) \_\_\_\_\_, born \_\_\_\_\_, does hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of TN Volunteer Challenge Academy staff and I am not reasonably available by telephone to give consent.

**This authorization is effective from \_\_\_\_\_ to \_\_\_\_\_. (valid for 1 year)**

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

**Applicant's Name:** \_\_\_\_\_ **Applicant's Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's allergies** (food, medication, bee sting, etc.): \_\_\_\_\_

**Important Medical History/Surgeries/Diagnosis:** \_\_\_\_\_

**Health insurance provider:** \_\_\_\_\_ **Group/Policy #:** \_\_\_\_\_

**ID/Member #:** \_\_\_\_\_ **Date of last tetanus booster:** \_\_\_\_\_

I have read this form and certify that I understand its contents and verify that the information is accurate and complete.

\_\_\_\_\_  
*(Signature of Parent/Guardian if under 18 or Cadet Signature if 18)*

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (please print)

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC\*\*\*\*\*

**State of** \_\_\_\_\_

**County of** \_\_\_\_\_

Before me, \_\_\_\_\_, a Notary Public, personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of Tennessee that the foregoing paragraph is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

This form should be taken with Cadet to the physician's office or to the hospital for treatment.

**Tennessee Volunteer Challenge Academy**

ATTN: RPM

3965 Stewarts Lane

Nashville, Tennessee 37218

629.888.5855 or 629.888.5868

<https://www.tnvolunteerchallenge.com>

Email: [tnvca@tn.gov](mailto:tnvca@tn.gov)

**Consent for Release of Confidential Information**

**Name of Applicant:** \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr/II)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #:** \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

**Department of Children Services**

I, the above named, authorize the Tennessee Department of Children Services to exchange information with the Tennessee National Guard Youth Challenge Program regarding all pertinent information including: substance abuse history, mental health history, referral history, court status, social and family information for the purpose of coordination of services.

I understand that my records are protected under the Federal/State regulations/statutes and cannot be disclosed without my written consent unless otherwise provided for by regulation. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. granted parole/probation, etc., contingent on this consent) and that in any event this consent expires automatically after completing the post-residential phase of the program.

**Mentor**

Tennessee Volunteer Challenge Academy (TNVCA) Mentors are people ages 23 and older who volunteer at least one hour per week to a cadet that has successfully completed the 22-week Residential Phase. The mission of a TNVCA Mentor is to identify the goals that the graduate has set during the Residential Phase and then successfully assist the graduate in integrating those goals into real achievements. The Mentorship Phase involves weekly meetings between a TNVCA graduate and a responsible adult volunteer Mentor from their home community. Each Mentor is screened and trained prior to being matched with a cadet. The Mentor becomes an advocate in the Mentor/Mentee relationship.

The TNVCA Program Director or his/her designated representative may determine that certain confidential information (academic, social background, family history, self-esteem issues) may be necessary to share with the Mentor to insure a better chance for a successful mentorship. The Mentor has agreed and signed a confidentiality agreement that this information will only be shared with authorized persons.

I understand the Mentorship Phase. I authorize the TNVCA to share confidential information with the matched Mentor. Further, I may revoke this consent at any time, except to the extend action has been taken prior to revocation.

**School Records**

I give permission of the release of the following information:

- Official Administrative record (name, birth date, place of birth, transcripts, class standing, attendance, and citizenship record).
- Standardized achievement, aptitude and intelligence test scores.
- Special Education records (IEP, diagnostic reports, medical records/immunization records)
- Mental Health records and/or reports.

**From(School or Agency): \_\_\_\_\_ to Tennessee Volunteer Challenge Academy.**

\*\*\*\*\*THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC\*\*\*\*\*

IN WITNESS WHEREOF, I have affixed my signature: \_\_\_\_\_  
(Signature of Parent/Guardian if under 18 or Student if 18)

**State of \_\_\_\_\_ County of \_\_\_\_\_**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

My Commission expires: \_\_\_\_\_  
(Signature of Notary Public)

# Tennessee Volunteer Challenge Academy

## HEALTH HISTORY

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Are you taking any medications:  Yes  No (Please list medications and reasons for usage below)

MEDICATION	REASON FOR USE

### HAVE YOU HAD OR DO YOU HAVE THE FOLLOWING:

- |  |   |
|--|---|
| <p>1. Allergies to food, insects, or meds? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Heart problems, chest pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. High Blood Pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Asthma or respiratory condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Difficulty with physical exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Seizures or neuroleptic disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Frequent headaches or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Skin rashes or conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Past Surgeries? List: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Swollen, stiff, or painful joints? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Leg, ankle, or foot problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Head, neck, back or spine injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Any broken or fractured bones? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>14. Any vision or hearing problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Diabetes or thyroid condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Kidney, urinary or bladder problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Cigarette smoking habit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Consume any alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Any illicit drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>20. Currently have any dental pain/problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>21. Any hepatitis, liver, gallbladder problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. Any other illness or conditions? List: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. Males: Hernia or testicle issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. Females: Ever been pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>             On any birth control? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>             Last menstrual period? _____</p> |
|--|---|

Additional space for explaining any YES answers: (Please give dates, doctor's name, hospitals, treatment, and current status.)

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\_\_\_\_\_  
**PRINT NAME - Parent/Guardian If Under 18 or Cadet Signature If 18**

\_\_\_\_\_  
**Signature of Parent/Guardian If Under 18 or Cadet Signature If 18**

\_\_\_\_\_  
**Date**



# Tennessee Volunteer Challenge Academy

## PHYSICAL FORM

*(Take this form to your Doctor)*

### PHYSICAL SCREENING EVALUATION

*(to be completed by a Physician)*

DATE OF EXAM: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant: \_\_\_\_\_

Male  Female Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Pupils:  Equal  Unequal Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected:  Yes  No

Are your Required Immunizations up to date:  Yes  No \*Please provide current documentation.

FINDINGS	NORMAL	ABNORMAL	INITIALS
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#### APPEARANCE

Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitals (males only)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### MUSCULOSKELETAL

Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shoulder/Arm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elbows/Forearm	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wrist/Hand	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hip/Thigh	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knee	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leg/Ankle	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### ASSESSMENT

- Cleared without limitation for extreme physical activity such as (*running, marching, push-ups, sit-ups, knee exercises, jumping jacks, and other military style exercises*).
- Not cleared for physical participation for Tennessee Volunteer Challenge Academy.

Recommendations: \_\_\_\_\_

Title of Health Care Provider (Print/Stamp): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, and American Medical Society for Sports Medicine, and American Orthopaedic Society for Sports Medicine & American Osteopathic Academy for Sports Medicine.



# PSYCHOLOGICAL HISTORY

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Are you currently or have you ever:

1. Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
2. Been seen (inpatient or outpatient) including counseling or treatment for school, adjustment, family, marriage or any other behavioral issues, to include depression, bipolar, or treatment for alcohol, drug or substance abuse? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
3. Been evaluated or treated mentally for speech, mood and anxiety disorders, hallucinations, paranoia, or schizophrenia symptoms? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
4. Been evaluated or treated for sexual or physical abuse? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
5. Been evaluated, treated, or hospitalized for substance abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances)? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
6. Been evaluated, treated, or hospitalized for alcohol abuse, dependence or addiction suicide attempts, self-mutilation or violent behavior? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No
7. Been involuntarily hospitalized for intentionally self-harming or harming others? If yes, please explain (i.e. dates, location) \_\_\_\_\_  Yes  No

**\*\*If you answered Yes to any of the above questions, please provide a copy of the most recent psychological evaluation.\*\***

\_\_\_\_\_  
PRINT NAME - Parent/Guardian If Under 18 or Cadet Signature If 18

\_\_\_\_\_  
Signature of Parent/Guardian If Under 18 or Cadet Signature If 18

\_\_\_\_\_  
Date



**Tennessee Volunteer Challenge Academy**

ATTN: RPM

3965 Stewarts Lane

Nashville, Tennessee 37218

629.888.5855 or 629.888.5868

<https://www.tnvolunteerchallenge.com>

Email: [tnvca@tn.gov](mailto:tnvca@tn.gov)

**GRADUATION REQUIREMENT**

Cadets must complete all of the requirements for these core components in order to graduate the Program. The criterion by which cadet performance is measured is listed along with each core components. Please read each requirement carefully as each of these eight components carries equal weight. Failure to successfully meet all requirements may result in termination from the Program.

1. **Academic Excellence:** The cadet must make satisfactory progress in academic areas. This can be achieved by completion of the HISET program or improvement in the Comprehensive Adult Student Assessment System (CASAS).
2. **Service to the Community:** Each cadet must complete a minimum of 40 hours of service to the community.
3. **Responsible Citizenship:** Those cadets that reach their 18<sup>th</sup> birthday before graduation must be registered to vote and male cadets must be registered with Selective Service. The Program will assist the cadets in accomplishing this requirement.
4. **Life Skills & Job Skills:** Each cadet must complete classes designed to assist with life-coping skills and employability.
5. **Health & Hygiene:** Each cadet must complete classes with emphasis on living a healthy lifestyle to include proper nutrition and prevention of disease.
6. **Physical Fitness:** Each cadet must demonstrate improvement in the area of physical fitness as determined by comparing their initial and final physical fitness tests.
7. **Placement:** Each cadet must be positively placed by Week 21. Placement is defined as having at least one full-time activity of a minimum of 30 hours per week or multiple part-time activities totaling a minimum of 30 hours per week which may consist of the following:
  - a. **Education:** High school, adult education, vocational education, and/or college.
  - b. **Employment:** A paid job, internship, or apprenticeship.
  - c. **Military:** Active duty in any branch of the military, including National Guard and the Reserves, is considered a full-time activity. Part-time positions in the Reserves or National Guard are considered part-time and must be supplemented with an additional activity in an education, employment, or miscellaneous position. Graduates with a delayed entry date for active duty are not considered to have a military placement until the actual entry date and they ship to basic training.
8. **Leadership/Followership:** Each cadet must have a mentor who has completed mentor training.

**Additional Requirements:**

Cadets are evaluated on a continual basis by TNVCA and staff to determine completion of requirements for graduation.

By signing below, the signee states that he/she has read and understands this agreement and agrees to the terms contained herein. The signee also states that he/she will commit to following the policies and procedures of the Tennessee Volunteer Challenge Academy and commit to the completion of all required components.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian If Under 18 or Cadet Signature If 18

\_\_\_\_\_  
Date