



# TENNESSEE VOLUNTEER CHALLENGE ACADEMY

## MENTOR APPLICATION PACKET

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Tennessee Volunteer Challenge Academy  
ATTN: RPM Coordinator  
3965 Stewarts Lane  
Nashville, Tennessee 37218  
<https://www.tnvolunteerchallenge.com>  
629.888.5855 or 629.888.5868

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, life skills, education, and self-discipline necessary to succeed as productive citizens of the state of Tennessee.

The Tennessee Volunteer Challenge Program is a 17 ½ month program that is broken into a 22 week (5 1/2 month) Residential Phase and a 12 month 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, 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 while being supported by a caring adult mentor who serves as their role model.

### MENTOR QUALIFICATIONS

- ***Must be age 23 or older***
- ***Must be the same gender as the cadet being mentored***
- ***Must not be a parent, step-parent, or guardian of the cadet (can be grandparent, uncle, aunt, older sibling not living in the same home of the cadet)***
- ***Live within 50 miles of the cadet's home of record***
- ***Must be able to pass a criminal background check***
- ***Must attend a Mentor Training***



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**MENTOR APPLICATION FORM**

Name of CADET: \_\_\_\_\_

Relationship to Cadet: \_\_\_\_\_ Years Known: \_\_\_\_\_

**MENTOR INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Male  Female

**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.)*

Marital Status:  Married  Divorced  Single  Widowed

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security #: \_\_\_-\_\_\_-\_\_\_ Length of Time lived in Tennessee: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Spouse's Name (If applicable): \_\_\_\_\_ Number of Children: \_\_\_\_\_

**Miscellaneous Information**

Do you have your own transportation:  YES  NO

Automobile Insurance Company: \_\_\_\_\_

Auto Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If no, do you have access to transportation?  YES  NO

Have you ever been convicted of a crime constituting a felony?  YES  NO *(If yes, please explain.)*



Tennessee Volunteer ChalleNGe Academy



Name of CADET: \_\_\_\_\_

**MENTOR EMPLOYMENT INFORMATION**

Occupation: \_\_\_\_\_

Employer (Company/Organization): \_\_\_\_\_

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

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

Employment Status:  Full-Time  Part-Time  Volunteer  Retired  Unemployed

How long have you been employed with this company? \_\_\_\_\_

Do you have more than one employer?  Yes  No (If yes, please provide information)

Employer (Company/Organization): \_\_\_\_\_

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

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

Employment Status:  Full-Time  Part-Time  Volunteer  Retired  Unemployed

**MENTOR HOME ADDRESS INFORMATION**

Home Phone: \_\_\_\_\_  Primary Phone

Cell Phone: \_\_\_\_\_  Primary Phone

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_

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

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

County: \_\_\_\_\_

I do not presently have any cases pending against me in the legal system and I am in good health. I am not, nor will I be drug or alcohol dependent during my mentorship. 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.

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

\_\_\_\_\_  
Date



# Tennessee Volunteer Challenge Academy



Name of CADET: \_\_\_\_\_

## MENTOR LIABILITY RELEASE Authorization and Consent for Release of Information

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 Tennessee Volunteer Challenge Academy (TNVCA) agent. I am responsible for choosing and conducting all activities with my cadet, and that the TNVCA does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Tennessee.

I therefore agree that the TNVCA will not be liable and I agree to hold the TNVCA harmless from 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 TNVCA or otherwise.

I further release the TNVCA 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 negligence of the TNVCA, its officers, agents, servants, employees or otherwise.

I hereby authorize the TNVCA, along with the law enforcement departments, and the Tennessee Department of Military to conduct whatever background search and any other reporting for tracking date that may be deemed appropriate. This information is necessary to assist in determining my qualifications and suitability for the mentoring position I am seeking with the TNVCA.

I fully understand that the information collected may be of a sensitive, confidential and privileged nature, and may reflect upon my suitability, I hereby release the State of Tennessee, the Tennessee Department of Military, and the TNVCA and its agents from the liability and damage that may result from the exchange of requested information between law enforcement department and the TNVCA.

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Printed Name*

\*\*\*\*\* (This section to be completed by a Notary Public) \*\*\*\*\*

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

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

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

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

\_\_\_\_\_  
*Signature-Notary Public*



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**MENTOR QUESTIONNAIRE**

**Name of CADET:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_  Primary Phone

**Cell Phone:** \_\_\_\_\_  Primary Phone

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

**Why do you want to be a mentor?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Why do you feel you would be a good mentor to the cadet?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How would you support and help the cadet if a problem arises and he/she asks for your help?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What do you believe are your strengths as a mentor to a TNVCA cadet?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**MENTOR REFERENCES**

**2 References:** Next of Kin (Not living in the same household), Friend, Co-Worker, Etc.

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

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

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

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

.....  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

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

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

To become a mentor, you must attend mentor training at Tennessee Volunteer Challenge Academy (TNVCA) in Nashville, TN. Mentor training is mandatory. If you do not attend the training, the cadet will not be matched and he/she may not graduate from the program. Training dates will be forwarded under separate cover. I agree to attend the mandatory mentor training session at the TNVCA.  **Yes**  **No**

As a mentor you are required to write to your cadet once a week while they are at the academy. You are required to have a minimum of 4 contacts per month with your cadet during the 12-month post residential phase. You are required to report information to the case manager each month during the post-residential phase. Do you understand your commitments?  **Yes**  **No**

As part of completing the academy, each cadet must either be enrolled in school, the military, employed, or volunteering. Are you willing to assist the cadet to locate resources while they are at the academy and when they return to their community?  **Yes**  **No**

Would you like to be placed in a mentor pool for future classes? If a potential cadet is in need of a mentor, we will search the mentor pool for mentors who fit their criteria, including gender and geographical location. If you are prospective match for a youth in your area, we will contact you to determine your interest and availability.  **Yes**  **No**

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Printed Name*



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**PURPOSE: This form is to be completed by the mentor's references. Each mentor will need two (2) of these written references and they should be submitted concurrently with your application.**

Name of Cadet/Candidate: \_\_\_\_\_

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

Name of Reference: \_\_\_\_\_

\_\_\_\_\_ is applying to be a mentor for a cadet enrolling in the Tennessee Volunteer Challenge Academy (TNVCA). In processing this application, it is important that we have additional insight in to his/her character, emotional stability, etc. Please answer the following questions carefully and thoughtfully. Your answers will be kept in confidence. If you have any questions, call us at (629) 888-5868 or (629) 888-5855.

- 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
- Would you recommend the applicant as a good choice to work with teens?  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"/>
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Telephone*



\_\_\_\_\_  
*Address/City/State/Zip*

You can either return this fo

CANDIDATE'S LAST NAM

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\_\_\_\_\_ address at the top of the page.

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.....  
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	Excellent	Good	Average	Poor	Unknown
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<b>Morals</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Compassion</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stability</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accessible</b> (returns calls, emails, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Signature*

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

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Address/City/State/Zip*

**You can either return this form to your mentor applicant or send it directly to the address at the top of the page.**

**CANDIDATE'S LAST NAME:** \_\_\_\_\_