

TENNESSEE VOLUNTEER CHALLENGE ACADEMY PRE-APPLICATION

3965 Stewarts Lane
Nashville, TN 37218

www.tnvolunteerchallenge.com

Questions:

Office: 629.888.5855

PLEASE MAIL, EMAIL OR FAX PRE-APP TO:

Email: TNVCA@tn.gov

Fax: 629.888.5867

Legal name: Last	First	Middle
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Street address	City	State	Zip code
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Mailing address (If different than above)	City	State	Zip code
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Cell:	Home:	Email:
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Date of Birth ____/____/____	Age	Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Resident of TN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, resident of what state: _____
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Legal guardian (primary) information

Name: Last	First	Relationship
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Street address	City	State	Zip Code
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Cell:	Home:	Email:
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Legal Guardian #2 Information (If applicable)

Name: Last	First	Relationship
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Street address (If different than above)	City	State	Zip Code
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Academic Declaration

List every high school (public/private/charter/home) attended including the one currently enrolled in, if any

Most recent school /program (do not use abbreviations)	City/State/Country	Dates Attended	
		Beginning	End

Personal statement essay (attach paper as needed)

1. I would like to go to Youth Challenge because...

2. My future goal is to...

Referral Information

Name: Last	First	Phone	Relationship
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Organization	Referral Date	Email	Occupation
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LEGAL DECLARATION [Submit Abstract/Letter of Clearance from your County]

Have you ever been convicted of a criminal offense? **Yes** **No**

If YES, When? _____ For What? _____

Are you currently on parole or probation for other than juvenile status offenses? **Yes** **No**

If YES, Provide your Probation Officer's Name & Phone #: _____

Are you awaiting sentencing under indictment or other charges? **Yes** **No**

If YES, what is the charge? _____ When is the court date? _____

Have you been convicted of a crime that is considered a felony when charged as an adult? **Yes** **No** If YES, When? _____ What is the charge? _____ In which court did the conviction occur? _____

ALCOHOL AND DRUG FREE DECLARATION [Submit Academy-Approved Drug Test]

By my initials, I understand that the TN Volunteer ChalleNGe Academy, (TNVCA) is an alcohol, tobacco and drug free environment, with a Zero Tolerance policy for drug use. I understand that I will be subject to random drug and toxicology screenings at any time while attending TNVCA and if I test positive for substance abuse or I am caught in possession of any of the aforementioned substances, I will be dismissed from TNVCA immediately. Init: _____

MEDICAL DECLARATION [Submit Medical Physical Clearance (within 12 months)]

By my initials, I understand that the TNVCA is physically, emotionally, and mentally demanding and that it is my responsibility to notify TNVCA staff of any pre-existing medical issues or concerns prior to being accepted into the academy. To ensure that I am physically prepared for the TNVCA, I am required to complete a standard Tennessee sports physical and provide a copy of that physical to the TNVCA recruiting staff. Upon reporting to the TNVCA, I am required to turnover all prescribed medications and accompanying documentation to the TNVCA medical staff who will monitor my use of this medication in accordance with all physician's written guidelines. Init: _____

MENTOR PROSPECT

I understand that I am required to find a mentor to assist me in completing TNVCA. This mentor must be at least 25 years old, the same gender as myself, cannot live in my household, cannot be a parent or grandparent and must pass a criminal background check. This mentor must commit to attending an 8-hour training session and be willing to remain in contact with me at least once a week during the 3rd and 4th months of the TNVCA residential program. Upon my graduation, this mentor will be required to submit weekly reports on my progress towards achieving my life goals as established during the residential portion of the TNVCA program.

By my initials, I understand that I may be discharged if I do not provide a trained mentor by week 13. Init: _____

Mentor Prospect 1:

NAME: _____ GENDER: Male Female DOB: ____ / ____ / ____

MARITAL STATUS: **M S D W** RELATIONSHIP TO YOU: _____

Phone Number: _____ EMAIL: _____

Mentor Prospect 2:

NAME: _____ GENDER: Male Female DOB: ____ / ____ / ____

MARITAL STATUS: **M S D W** RELATIONSHIP TO YOU: _____

Phone Number: _____ EMAIL: _____

APPLICANT'S CERTIFICATION

I certify that the responses provided on this pre-application form are complete and true to the best of my knowledge and belief. **I understand that if I provide incomplete, incorrect, or false information, it may result in the rescission or denial of my admission.**

I agree to provide documents relevant to the determination of my residency status and age as required by guidelines set forth by the National Guard Bureau.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature (If Applicant is under 18): _____ Date: _____

