



WISCONSIN NATIONAL GUARD
CHALLENGE ACADEMY
656 South "O" Street
Fort McCoy, WI 54656-5144
(608) 269-9000 FAX: (608) 269-9001
TOLL FREE: (866) 968-8422
e-mail : challenge@wisconsin.gov
website: www.challengeacademy.org



To the Parents or Guardians of Prospective Applicants:

Thank you for showing interest in the Wisconsin National Guard Challenge Academy. Your inquiry is the first critical step on your youth's path towards earning a high school equivalency diploma, learning essential life skills, and developing the strength of character required to become a successful, responsible citizen.

Our program, while completely voluntary, is demanding and will require your full support. My professional staff comprised of State of Wisconsin licensed teachers, disciplined cadre personnel, trained counselors, and a registered nurse stand ready to help your child enhance their self-confidence and self-discipline. Together, we stand a great chance of putting your child back on track and adding to this Academy's ten-year record of success.

Thanks again for requesting a Challenge Academy application package. Should your youth apply to our program, I wish him or her every success during the candidate selection process. Enclosed please find required application materials. If you have questions regarding completion of these forms, please contact our Admissions Department at (608) 269-4605. For more information regarding the program itself, please consult our website at www.challengeacademy.org.

Sincerely,

M. G. MacLaren
Colonel, USA (Ret)
Director



WISCONSIN NATIONAL GUARD CHALLENGE ACADEMY



REQUIRED MATERIALS / CHECKLIST

FROM THE FAMILY:

_____ Application and Consents

Certificate of Understanding:

Signed by Parent(s)/Legal Guardian or Applicant, if age 18.

US Army Recruiting Command- Release of Liability (Rock-Climbing):

Signed by Parent(s)/Legal Guardian(s) and Applicant, or Applicant, if age 18.

General Release, Indemnity and Hold Harmless Agreement (Child):

Signed by Parent(s)/Legal Guardian

General Release, Indemnity and Hold Harmless Agreement:

Signed by Applicant, if age 18

General Release:

Signed by Parent(s)/Legal Guardian(s) or Applicant, if age 18.

Notice of Academic Services:

Signed by Parent(s)/Legal Guardian or Applicant, if age 18.

Report of Medical History & Consent for Medical Care:

Filled in by Parent(s)/Legal Guardian with assistance of Candidate; Signed by Parent(s)/Legal Guardian or Applicant, if age 18.

Medication Consent/Order Form:

Filled in by Parent(s)/Legal Guardian with assistance of Candidate; Signed by Parent(s)/Legal Guardian and applicant.

_____ Copy of Birth Certificate and Social Security Card

_____ Copy of Insurance Cards (fronts and backs)

_____ Copies of Court Dispositions & Consent Decrees for the applicant, if applicable

_____ Court Documentation of Sole Custody (not placement), if applicable

_____ Candidate Goal Sheet and Self Reflections

_____ Hot Lunch Form

FROM THE SCHOOL:

_____ School Verification Form

_____ School Transcript

_____ Immunization Records

_____ Current and Previous Year Attendance Records

_____ Individualized Education Plan—IEP (if applicable)

_____ Psychological Evaluation (if applicable)

_____ WI Knowledge and Concepts Examinations (most recent)

_____ WI Alternate Assessment for Student With Disabilities (if applicable)

The materials from the family and school should be mailed in as soon as they are ready. Please be sure that all copies are legible. Do not fax any materials unless instructed to do so by the Challenge Academy staff.

MENTOR REQUIREMENTS

All applicants are required to find and nominate an individual from their community willing to be their mentor. An explanation of the mentor's duties and responsibilities are included in the enclosed mentor application. More information can also be found on the Challenge Academy website at www.challengeacademy.org

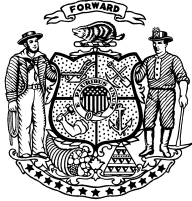
FROM THE MENTOR:

_____ Completed Mentor Application

_____ Verification of Car Insurance

_____ Copy of Driver's License

Note: The Mentor application can be mailed in separately at a later date, but will be required to be considered for acceptance.



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APPLICATION

1. SOCIAL SECURITY NUMBER: _____ - _____ - _____

2. CANDIDATE NAME:

(Last)

(First)

(Middle)

(Address: Number and Street)

(City)

(State)

(Zip)

HOME PHONE: _____

CELL PHONE: _____

3. WHAT COUNTY DO YOU LIVE IN: _____

4. GENDER: ☐ Male ☐ Female

5. BIRTH DATE: ____/____/____

6. AGE: _____

7. RACE/NATIONAL ORIGIN: ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander

☐ Hispanic
☐ Other

☐ Black, not of Hispanic Origin
☐ White, not of Hispanic Origin

8. US CITIZEN: ☐ Yes ☐ No

9. DRIVERS LICENSE: ☐ Yes ☐ No

10. MARRIED: ☐ Yes ☐ No

11. APPLICANT - IF YOU ARE A PARENT, NUMBER OF CHILDREN: _____

12. INDIVIDUAL EDUCATION PLAN (IEP): ☐ Yes ☐ No

13. NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD: _____

14. FAMILY INCOME: ☐ Less than \$15,000 ☐ \$15,000- \$25,000 ☐ \$25,000- \$35,000 ☐ \$35,000- \$45,000 ☐ Greater than \$45,000

15. HOT LUNCH: ☐ I am eligible free breakfast and hot lunch at school.
☐ I am eligible reduced cost breakfast and hot lunch at school.
☐ I am not eligible free or reduced breakfast and hot lunch at school.

16. DO YOU HAVE MEDICAL INSURANCE: ☐ Yes ☐ No

17. LEGAL INFORMATION: **Applicant must provide copies of dispositions of all current and former charges with the legal system.

Have you ever been charged, indicted, or convicted of a felony (as a juvenile or adult)? ☐ Yes ☐ No

Are you currently on probation? ☐ Yes ☐ No

If "Yes," for what? _____

Are you under supervision of a social worker? ☐ Yes ☐ No

If "Yes," for what? _____

Are you scheduled for any court dates? ☐ Yes ☐ No

If "Yes," when? _____

SOCIAL WORKER OR PROBATION OFFICER INFORMATION: _____
(Name) (County)

(Phone Number: Area Code + Number)

(Fax Number)

(E-mail Address)

18. WHO REFERRED YOU TO CHALLENGE ACADEMY?

☐ Another Applicant
☐ Military Member
☐ Newspaper
☐ Legal System
☐ Cadet/Cadet's Family

☐ Counselor
☐ My Space/ Blog
☐ Mentor/Mentor's Family
☐ School/Teacher

☐ TV
☐ Church
☐ Radio
☐ Web Site

19. MOTHER'S NAME: _____
(Last) (First) (Middle)

(Address: Number and Street)

(City) (State) (Zip)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

AUTHORIZED FOR PICK UP: ☐ Yes ☐ No **LEGAL GUARDIAN:** ☐ Yes ☐ No **EMERGENCY CONTACT:** ☐ Yes ☐ No

20. FATHER'S NAME: _____
(Last) (First) (Middle)

(Address: Number and Street)

(City) (State) (Zip)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

AUTHORIZED FOR PICK UP: ☐ Yes ☐ No **LEGAL GUARDIAN:** ☐ Yes ☐ No **EMERGENCY CONTACT:** ☐ Yes ☐ No

21. EMERGENCY CONTACT: (OTHER THAN A PARENT/STEP-PARENT OR SOMEONE IN SAME HOUSEHOLD)

Last) (First) (Middle Initial) (Relationship to Applicant)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

AUTHORIZED FOR PICK UP: ☐ Yes ☐ No

22. APPLICANT'S CURRENT SCHOOL STATUS: ☐ Attending High School ☐ Attending Alternative High School
☐ Home Schooled ☐ Expelled

23. WHAT DAY DID YOU LAST ATTEND HIGH SCHOOL: _____ **LAST GRADE COMPLETED:** _____
(Month) (Day) (Year)

24. BASED UPON YOUR CURRENT ADDRESS, WHAT HIGH SCHOOL SHOULD YOU ATTEND: _____
(Traditional public high school – not alternative or charter)

All statements made on this application are truthful. False statements made by me on this application are grounds for non-acceptance or release from the Challenge Academy. Signature(s) below are certifying that the applicant has not been indicted, charged with, or convicted of a felony.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** _____

Authority: Executive Order 9397 - Purpose: To determine eligibility of Wisconsin National Guard Challenge Academy applicants.

Routine Uses: None. Disclosure of information is voluntary; however, failure to provide any information may result in your application being denied.



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website: <http://www.challengeacademy.org>



RETURN ALL DOCUMENTS WITH APPLICATION

CONSENTS

The Parent(s), or Legal Guardian(s), or Applicant should sign all documents needing signatures. READ EACH DOCUMENT BEFORE SIGNING.

Certificate of Understanding and Release of Liability:

Signed by Parent(s)/Legal Guardian or Applicant, if age 18.

US Army Recruiting Command- Release of Liability (Rock-Climbing):

Signed by Parent(s)/Legal Guardian(s) and Applicant, or Applicant, if age 18.

General Release, Indemnity and Hold Harmless Agreement (Child):

Signed by Parent(s)/Legal Guardian

General Release, Indemnity and Hold Harmless Agreement:

Signed by Applicant, if age 18

General Release:

Signed by Parent(s)/Legal Guardian(s) or Applicant, if age 18.

Notice of Academic Services:

Signed by Parent(s)/Legal Guardian or Applicant if age 18.

Report of Medical History & Consent for Medical Care:

Filled in by Parent(s)/Legal Guardian with assistance of Candidate; Signed by Parent(s)/Legal Guardian or Applicant, if age 18.

Medication Consent/Order Form:

Filled in by Parent(s)/Legal Guardian with assistance of Candidate; Signed by Parent(s)/Legal Guardian and applicant.

CERTIFICATE OF UNDERSTANDING

I/We, the Parent(s)/Guardian(s) of Applicant _____ who is applying to attend the Wisconsin National Guard Challenge Academy at Fort McCoy, Wisconsin, agree to permit my child/ward to be allowed to fully participate in all aspects of the Academy.

I/We, the Parent(s)/Guardian(s) of the Applicant certify that I/we understand the following:

Parent/Guardian or the Applicant, if over 18, must initial in the boxes after reading each section.

1. **Medical Screening.** I/We understand that my child/ward must pass a medical screening and may be denied enrollment if found unfit for the Academy and its program.

Initials

2. **Drug Testing.** I/We understand that my child/ward will be subject to drug screening upon arrival at the Challenge Academy and to scheduled and random drug screening during the duration of the program.
- I/We do consent to my child/ward's participation in preliminary, scheduled, and random drug screening to determine eligibility and to ensure Applicant/Candidate remains DRUG FREE.
 - If my child/ward screen results are positive for any illegal substance or refuses to submit to a drug screening upon request by the Academy staff during the course of the program, my child/ward may be immediately dis-enrolled from the Academy.

Initials

3. **Dismissal.** I/We understand and agree that if my child/ward is dis-enrolled from the Academy for any reason, I will pick up my child/ward at Fort McCoy, WI. If over 18 years old, I will secure my own transportation.

Initials

4. **Transportation.** I/We authorize the Academy to transport my child/ward as a passenger in designated National Guard ground and/or air vehicles during his/her participation in the Challenge Academy.
- My child/ward will accept such transportation entirely at his/her own initiative, risk, and responsibility.
 - If necessary, due to medical, dental, disciplinary, or other reasons, the Director of the Challenge Academy may return my child/ward home by commercial or private carrier, for which I/we will be responsible for payment.

Initials

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Applicant (if over 18) Date



US Army Recruiting Command
1307 Third Avenue
Fort Knox, Kentucky 42701

U.S. Army Rock-Climbing Wall

RELEASE OF LIABILITY

In consideration of being permitted to climb the "Rock-Climbing Wall" presented by the U.S. Army Recruiting Command, on behalf of myself, my personal representatives, heirs, and assigns, I hereby release and discharge the United States, its agents, servants, or employees from any and all claims for property damage and/or personal injury or death resulting from my attempt to climb or descent the Rock-Climbing Wall. This release covers the negligent use, maintenance, construction, or design of the Rock-Climbing Wall, and the negligent supervision of my use of the Rock-Climbing Wall.

Signature of User

(If under Age 18, Signature of Parent
or Guardian)

Date

Date

***I acknowledge that I may be contacted by an Army recruiter at a later date and time.**

1. Participant's Name (Print Name)			2. Date
3. Permanent Mailing Address	a. Address	b. City	c. State and Zip
4. Date of birth (MM/DD/YYYY)		d. Telephone No.	
5. Participant's Signature			
6. Witness's Name (Print Name)			a. Date
7. Witness's Signature			

PARENTAL CONSENTS

(If participant is under 18 years of age, this form must be signed by one of the parents or legal guardians before participation will be allowed.)

"I hereby give, as parent or legal guardian of the above participant, my permission for him or her to participate in this event by affixing my signature on the appropriate space indicated below."

8. Parent/Guardian's Name (Print Name)	a. Date
9. Parent/Guardian's Signature	

WIJS-CDP
2400 WRIGHT STREET
MADISON, WI 53704

TELEPHONE: 608-242-3543
DSN: 724-3543
FAX: 608-242-3546
DSN: 724-3546

**GENERAL RELEASE, INDEMNITY AND HOLD HARMLESS
AGREEMENT, AND COVENANT NOT TO SUE
(CHILD)**

In consideration for permission for the below named child to use the facilities of the Wisconsin National Guard for demonstration, including recreation facilities, training areas, Ready Reaction Course and the Ropes Confidence Course, I, the parent/legal guardian of _____, do hereby release, acquit, discharge, indemnify, and hold harmless the Wisconsin Department of Military Affairs, the State of Wisconsin, the Department of Defense, the United States of America, their officers, personnel, employees and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities by the child.

Moreover, I, the parent/legal guardian of said child, agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against the Wisconsin Department of Military Affairs, the State of Wisconsin, the Department of Defense, the United States of America, their officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities by the child.

This agreement is intended to cover all claims for all injuries, fatal or nonfatal, and illnesses of every name, type, kind or nature and property damage, if any, which are or may be sustained or suffered from any cause whatsoever directly or indirectly connected with or arising out of or by reason of the use of the facilities by the child.

Furthermore, I agree to reimburse the State of Wisconsin and/or the United States of America, as required by applicable regulations and the laws of the United States of America for any costs, debts, or liabilities predicted upon the loss of, damage to, or destruction of any property owned, leased or controlled by the United States which occurs as a result of the intentional or negligent acts or omissions by me. I, the undersigned, hereby agree to indemnify and hold harmless the Wisconsin Department of Military Affairs, the State of Wisconsin and the United States of America, their officers, personnel, employees or agents against judgments obtained by my ward or child.

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

TYPED OR PRINTED NAME OF CHILD

TYPED OR PRINTED NAME OF SIGNATORY

SPECIAL NOTICE: If there are any written-in modifications to this request without prior consultation with the Wisconsin National Guard Counterdrug Program, the participant shall not be allowed to participate in the scheduled event for which this General Release was executed for.

WIJS-CDP
2400 WRIGHT STREET
MADISON, WI 53704

TELEPHONE: 608-242-3543
DSN: 724-3543
FAX: 608-242-3546
DSN: 724-3546

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AGREEMENT, AND COVENANT NOT TO SUE**

In consideration for permission for me to use the facilities of the Wisconsin National Guard for demonstration, including recreation facilities, training areas, Ready Reaction Course and the Ropes Confidence Course, I, _____, do hereby release, acquit, discharge, indemnify, and hold harmless the Wisconsin Department of Military Affairs, the State of Wisconsin, the Department of Defense, the United States of America, their officers, personnel, employees and agents from any and all cause or causes of action, including personal injury, illness, death, property damage, cost, charges, claims, demands, and liabilities of whatever kind, name, or nature in any manner arising from the use of such facilities by me.

Moreover, I hereby agree not to initiate suit or any form of litigation or judicial proceeding or to make any claim or claims of any type against the Wisconsin Department of Military Affairs, the State of Wisconsin, the Department of Defense, the United States of America, their officers, personnel, employees, or agents, to include, but not limited to death, personal injury, medical claims or property damage, directly or indirectly relating to or arising from or arising out of or by reason of the use of the facilities by me.

This agreement is intended to cover all claims for all injuries, fatal or nonfatal, and illnesses of every name, type, kind or nature and property damage, if any, which are or may be sustained or suffered from any cause whatsoever directly or indirectly connected with or arising out of or by reason of the use of the facilities by me.

Furthermore, I agree to reimburse the State of Wisconsin and/or the United States of America, as required by applicable regulations and the laws of the United States of America for any costs, debts, or liabilities predicted upon the loss of, damage to, or destruction of any property owned, leased or controlled by the United States which occurs as a result of the intentional or negligent acts or omissions by me. I, the undersigned, hereby agree to indemnify and hold harmless the Wisconsin Department of Military Affairs, the State of Wisconsin and the United States of America, their officers, personnel, employees or agents against judgments obtained by me.

DATE

SIGNATURE OF INDIVIDUAL

TYPED OR PRINTED NAME OF SIGNATORY

SPECIAL NOTICE: If there are any written-in modifications to this request without prior consultation with the Wisconsin National Guard Counterdrug Program, the participant shall not be allowed to participate in the scheduled event for which this General Release was executed for.

General Release

1. Release to Exchange Information

- a. I/We authorize the Wisconsin National Guard Challenge Academy to release or obtain any information from any institution, whether public or private, concerning the below listed Applicant. This information will be used to assist the Applicant while participating in the Challenge Program. This includes, but is not limited to, school records, medical records and mental health records.
- b. This release shall remain in effect from this date forward for the duration of the Applicant's participation in the Challenge Academy.

2. Personal Information Release

- a. I/We authorize the Wisconsin National Guard Challenge Academy to release my/our names, addresses and telephone numbers to an institution or individual, whether public or private, for the purpose of advocating, supporting, and furthering the mission of the Academy.
- b. I/We further authorize the Academy to release said information as deemed necessary for the purpose of forming a parent support group, parent association, membership on a foundation to benefit the Academy, letter writing campaigns, and class reunions.
- c. I/We further authorize the Academy to release information as deemed necessary for the purpose of developing longitudinal and statistical studies and reports.
- d. This release shall remain in effect until revoked in writing by the undersigned individuals.

3. Photo/Media Release

- a. I/We, the undersigned, understand the Wisconsin National Guard Challenge Academy is developing photographic and multimedia materials, which will illustrate activities of the Academy.
- b. I/We grant to the Challenge Academy and/or Wisconsin Department of Military Affairs the right to take, use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of the Applicant, for use in any such materials the Academy or the Wisconsin Department of Military Affairs may create, without any payment to or future approval by me/us.
- c. I/We further agree and consent that I/We or my child/ward may be photographed by news media in efforts to promote and enhance the activities of the Academy, without any payment to or future approval by me/us.

APPLICANT INFORMATION:

Applicant Name (Please Print)

Social Security Number

Applicant Signature

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

NOTICE OF ACADEMIC SERVICES

The Challenge Academy provides every candidate/cadet with intensive support to achieve the performance goals for each of the program's eight core components. You are hereby informed that Candidates/Cadets are not provided with individual testing accommodations or special instruction that may have been available in their previous educational settings.

The Challenge Academy reviews the performance of each Candidate/Cadet in all aspects of the program, normally on a bi-weekly basis. This review includes an assessment of academic performance. Where poor academic performance is evident, Academy officials may, when appropriate, contact special needs consultants to determine program continuation.

I/We hereby acknowledge and accept the academic services as provided within the scope of the Challenge Academy program.

PARENT/GUARDIAN NAME (PRINT)

DATE

PARENT/GUARDIAN SIGNATURE

DATE

APPLICANT SIGNATURE (IF 18 YEARS OLD)

DATE

CHALLENGE ACADEMY

SELF-REPORT OF MEDICAL HISTORY

(This information is for official and medically - confidential use only and will not be released to unauthorized persons.)

Applicant's Name _____ Social Security No. _____

Parent/Legal Guardian _____

Drug Allergies:	Current Medications:	Food Allergies:
	Name Dose Time of Day	

Have you ever experienced or do you now have:

Check each item	Y	N
Scarlet fever, erysipelas		
Swollen or painful joints		
Frequent or severe headache		
Eye trouble		
Ear, nose, or throat trouble		
Hearing loss		
Hay Fever		
Sinusitis		
Head Injury		
Skin diseases		
Thyroid trouble		
Tuberculosis		
Asthma		
Heart trouble		
Broken bones		
Rupture / Hernia		
Bed wetting since age 12		
Diabetes		
Bone, joint or other deformity		
Lameness		
Recurrent back pain		
VD- Syphilis, gonorrhea, etc		
"Trick" or locked knee		
Foot trouble		
Epilepsy or fits		
Car, train, sea, or air sickness		
Frequent trouble sleeping		
Depression or excessive worry		
Loss of memory or amnesia		
Nervous trouble of any sort		
Periods of unconsciousness		
Anorexia or Bulimia		
Arthritis, Rheumatism or Bursitis		

Have you ever	Y	N
Had Chicken Pox		
Lived with anyone who had tuberculosis		
Coughed up blood		
Attempted suicide		
Been a sleepwalker		
Females Only	Y	N
Had a change in your menstrual cycle		
Been treated for a female disorder		

Do You	Y	N
Wear glasses or contact lenses		
Have vision in both eyes		
Wear a hearing aid		
Worn a brace or back support		
Stutter or stammer habitually		

Check each item	Y	N
1. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc. B. Inability to perform certain motions. C. Inability to assume certain positions. D. Other medical reasons.		
2. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)		
3. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)		
4. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)		

Please give an explanation for each of the boxes marked yes:

I/we DO ☐ DO NOT ☐ possess medical/dental insurance, (includes Medical Assistance/Badger Care) for payment of any incurred medical/dental costs.

PLEASE INCLUDE A COPY OF ALL INSURANCE CARDS (FRONTS AND BACKS) WITH THIS APPLICATION.

Name of Medical Card Holder Date of Birth

Name of Dental Card Holder Date of Birth

Social Security Number of Card Holder

Social Security Number of Card Holder

Name of Medical Insurance Company

Name of Dental Insurance Company

Insurance Company Address

Insurance Company Address

(Area Code) Telephone Number

(Area Code) Telephone Number

Policy Number

Policy Number

I/we, the Parent(s)/Legal Guardian of Applicant _____, who is enrolled in the Wisconsin National Guard Challenge Academy at Fort McCoy, Wisconsin being responsible for the above named Candidate's medical and dental care and any incurred medical costs, do hereby consent in advance to what ever emergency, x-ray, examination, anesthesia, diagnostic procedure, medical/dental and/or surgical treatment is considered necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named Candidate during his/her attendance at the Wisconsin National Guard Challenge Academy. In the event of injury, reasonable efforts will be made to immediately notify me/us. All medications must be approved and handled through the medical department prior to being administered to the Candidate.

Parent / Legal Guardian Signature Date

Applicant Signature (If over age 18) Date

Wisconsin National Guard Challenge Academy Medication Administration Consent/Order Form

Note: For all prescription medications, both the Physician's Order and Parent/Candidate Consent portions must be completed.

Candidate's Name: _____ SSN: _____

Date of Birth: _____ Medication Allergies: _____

PHYSICIANS ORDER: (Physician to complete this section)

Medications:

Medication	Dose	Time	Diagnosis/Reason
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	
		0800 1200 1700 2100	

Note: Due to scheduling and staffing, the above times are the only administration times, circle all that apply for each medication. Use the back of this form using the same format if more room is needed.

I verify that the above Candidate is under my care and the above medications are authorized for administration at the WI National Guard Challenge Academy.

Additional information: _____

Physician's Signature: _____ Date: _____

Telephone Number: _____

PARENT/CANDIDATE CONSENT

1. I request that these medications be administered by Challenge Academy Staff.
2. Medication will be supplied in its original, properly labeled container(s).
3. This order is in effect for the duration of the class cycle unless otherwise indicated.
4. Changes will not be made to medications or dosages with out consulting the Academy Medic.
5. Changes will not be made with out a new Physician's Order.
6. Academy Medic is authorized to contact my Child's Physician if needed.
7. I release the Challenge Academy from any liability claims resulting from the administration of these medications as directed.

Parent's Signature: _____ Date: _____
(Parent signature is not required for Candidates 18yrs or older)

Candidate's Signature: _____ Date: _____
(Required for any psychotropic medications if Candidate is over 14 yrs of age or any medication if 18 yrs of age or older)

CANDIDATE SELF REFLECTIONS

This **MUST** be returned with application.

CANDIDATE: _____
(Please Print First Name, Last Name)

Read each statement. Think about each one carefully. Then, complete each statement using short essay form (3 or 4 sentences). Please use blue or black ink.

Tell us why you want to come to the Challenge Academy.

I think my **strong** points are...

Areas I need to improve on are...

My greatest accomplishment in life so far has been...

A Positive influence in my life is _____ because...

CANDIDATE SELF REFLECTIONS

This MUST be returned with application.

My greatest **fears** in life are...

By coming to the ChalleNGe Academy I hope to **change**...

By coming to the ChalleNGe Academy I hope to **learn**...

The most difficult part of coming to the Challenge Academy will be...

When things become challenging for me I motivate myself by...

CANDIDATE GOAL SHEET

NAME: _____
(Please Print)

Name three realistic careers that may interest you.

#1.

#2.

#3.

Briefly describe your hobbies as they relate to these careers.

Explain where you want to live in the future.

How much money do you believe you will make with your career?

Define your personal idea of success.



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e-mail: challenge@wisconsin.gov

website: <http://www.challengeacademy.org>



Dear Parents/Legal Guardians:

To help defray the increasing cost of feeding our cadets, the Challenge Academy obtains food subsidies through the USDA National School Lunch Program. To apply for funding on behalf of your child, please fill out the attached form to determine his/her eligibility. All parents must fill out an application regardless of income. Instructions are provided with the application.

Thank you for your cooperation. This program greatly reduces Challenge Academy costs.

Sincerely,

Mary K. DeWitt
Admissions Coordinator

Attachments:

1. Free and reduced lunch application instructions
2. Free and reduced lunch application

INSTRUCTIONS FOR APPLYING

If your household gets FOODSHARE, FDPIR, OR W-2 CASH BENEFITS, follow these instructions:

Part 1: List child(ren)'s name, school, grade, and a FoodShare, W-2 cash benefits, or Food Distribution Program on Indian Reservations (FDPIR) case number.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

For Public Schools Only

If you are applying for a child that is HOMELESS, MIGRANT or a RUNAWAY, follow these instructions:

Check the appropriate box in **Part 2** and contact [your school, homeless liaison, migrant coordinator].

Fill out application by following instructions for **ALL OTHER HOUSEHOLDS**.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Use a separate application for each foster child. List the child's name, school, and grade.

Part 2: Skip this part.

Part 3: Check the box and list the child's personal use monthly income, if any.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, school, and grade.

Part 2: Check the appropriate box, if any.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, *Earnings from work:* List the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

All other income: List the amount each person got last month from welfare, child support, alimony, pensions, (second column) pensions, retirement Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column 3–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**Part 1. Children in School (Use a separate application for each foster child)**

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	FoodShare, W-2 Cash Benefits or Food Distribution Program on Indian Reservations (FDPIR) case # (if any). Skip to Part 5 if you list one of the above.
			Case #
			Case #
			Case #
			Case #
			Case #

DO NOT LIST: Forward or Quest Card numbers; or Medicaid, SSI, W-2 Childcare case numbers. Please fill in Part 4 if you are **not** receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Homeless/Migrant/Runaway (For Public Schools Only)

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless ☐ Migrant ☐ Runaway ☐

Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box ☐ and then list the amount of the child's personal use monthly income: \$_____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) (Example) Jane Smith	2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/>

Part 5. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X_____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Social Security Number: ____ - ____ - ____ ☐ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American ☐ Other

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Don't fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12
 Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____
 Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Reason: _____
 Temporary: Free ____ Reduced ____ Time Period: _____ (expires after ____ days)
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____ Verifying Official's Signature: _____ Date: _____



WISCONSIN NATIONAL GUARD
CHALLENGE ACADEMY
656 South "O" Street
Fort McCoy, WI 54656-5144
(608) 269-9000 FAX: (608) 269-9001
e-mail: challenge@wisconsin.gov
website: <http://www.challengeacademy.org>



October 23, 2008

MEMORANDUM FOR: All Challenge Academy Applicants

SUBJECT: New Immunization Requirements

1. Wisconsin children are now required to have a Tdap (Tetanus) booster at the 9th and 12th grade levels. Applicants to the Wisconsin Challenge Academy must receive this vaccination and provide documentation prior to consideration for acceptance. For those who have already provided an immunization record that does not include this requirement, a new copy must be provided prior to consideration for acceptance.
2. Challenge Academy also **highly** encourages parents to have their applicants immunized for meningitis. Health experts recommend this vaccination to anyone living in a dormitory-like environment. Other vaccinations that should be considered are a Flu Vaccine and a completed series for the Hepatitis B Vaccine.
3. Attached is a copy of the statutory immunization requirements for the state of Wisconsin. If you do not have insurance or your insurance company does not cover these vaccines, please contact your local county health department.
4. For specific questions about Challenge Academy entrance requirements, please contact the Admissions Department at 608-269-4605.

Mary DeWitt
Admissions Coordinator

STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2008-2009 SCHOOL YEAR

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT	3 Polio	3 Hep B	1 MMR ⁵	1 Var ⁶	
Grade K ¹	4 DTP/DTaP/DT/Td ¹	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶	
Grade 1 through 5	4 DTP/DTaP/DT/Td ²	4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶	
Grade 6	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶
Grade 7 through 8	4 DTP/DTaP/DT/Td ²		4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 9	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 10 through 11	4 DTP/DTaP/DT/Td ²		4 Polio ⁴	3 Hep B	2 MMR ⁵	1 Var ⁶
Grade 12	4 DTP/DTaP/DT/Td ²	1 Tdap ³	4 Polio ⁴	3 Hep B	2 MMR ⁵	2 Var ⁶

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.



WISCONSIN NATIONAL GUARD
CHALLENGE ACADEMY
656 South "O" Street
Fort McCoy, WI 54656-5144
(608) 269-4605 FAX (608) 269-9001
Toll Free (866) 968-8422
e-mail: challenge@wisconsin.gov
website: www.challengeacademy.org



MEMORANDUM FOR: High School Administrators and Staff

SUBJECT: School Documentation

The Wisconsin National Guard Challenge Academy is a residential program committed to improving the quality of life for Wisconsin's 16 to 18 year old "at-risk" teens. Our target population is comprised of habitual truants who have dropped-out or have been expelled from traditional high schools or alternative schools.

Our program consists of two phases: Phase I is a 22-week residential stay at Fort McCoy in a quasi-military environment. Phase II consists of a 12-month post-residential mentoring period back in the home community. In the residential portion, much of the Cadets' time is spent in classrooms with Department of Public Instruction licensed teachers where enhancing basic academic skills and preparing for High School Equivalency Diploma testing is the priority. Other activities include anger management classes, a character development curriculum, rappelling, ropes courses, other experiential activities, community service projects, and leadership experiences. During Phase II, graduates of the residential phase are matched with community volunteers (mentors) to assist with the continuation of personal growth.

A potential candidate from your district expressed a desire to attend our program. In order to assess his/her educational requirements, we request the following items be sent to us:

- A completed School Information Verification Form
- A copy of the applicant's High School Transcript, Immunization Records, Attendance Records, and Individualized Education Plan (if applicable).
- A copy of the most recent Wisconsin Knowledge and Concepts Examinations or Wisconsin Alternate Assessment for Students with Disabilities report form.

Please forward these records to the address above, Attention: Admissions.

Thank you for your cooperation. If you have questions about our program or require additional information, call us at (608) 269-4605. You may also consult our website at www.challengeacademy.org. If you're interested in a visit, please call us. We'd be pleased to host you or any other educators in your district.

Admissions Department

SCHOOL INFORMATION VERIFICATION FORM

The Principal or Guidance Counselor should fill out this form.

Student's Name: _____ Date of Birth: _____

High School Name: _____

High School Address: _____

School District Number: _____ Phone Number: _____

Person Completing Form (Please Print): _____

E-Mail Address: _____

Signature of School Official Completing Form: _____

Date: _____

**This student is submitting an application to the Wisconsin National Guard Challenge Academy.
Please check the following items that apply.**

- ☐ At Risk of not Graduating from High School (Wis. Stat. § 118.153)
- ☐ Expelled
- ☐ Dropped Out
- ☐ Habitual Truant (Wis. Stat. § 118.16 (1) (a))
Number of unexcused absences (current yr) _____
Number of unexcused absences (previous yr) _____
- ☐ Over 1 year behind in credits
- ☐ Over 2 years behind in basic skills
- ☐ Failed the high school graduation test
- ☐ Home School
- ☐ None of the above apply

SUBJECT	CREDITS EARNED	CREDITS REQUIRED TO GRADUATE
English	_____	_____
Mathematics	_____	_____
Science	_____	_____
Social Studies	_____	_____
Foreign Language	_____	_____
Physical Education	_____	_____
Electives	_____	_____
TOTAL	_____	_____

Other items necessary from the school:

- Complete High School Transcript
- Immunization Record
- Current and previous year Attendance Records
- Individualized Education Plan (IEP) (if applicable)
- Psychological Evaluation (if applicable)
- Wisconsin Knowledge and Concepts Examinations (most recent)
- Wisconsin Alternate Assessment for Students with Disabilities (most recent)

MENTOR INFORMATION AND APPLICATION

All applicants are required to find an individual from their community willing to be their mentor.

What is a mentor?

A mentor is an adult who, along with parents, provides young people with support, counsel, friendship, reinforcement, and constructive example. Mentors are good listeners, people who care, people who want to help young people bring out strengths that are already there.

What does this have to do with the Challenge Academy?

The Challenge Academy is a 17-month program for youth ages 16 years and 9 months through 18 who are at-risk of not graduating from High School. The first 22 weeks of the program is spent at Ft. McCoy in a structured, quasi-military environment. Cadets are provided the “opportunity to develop the strength of character and the life-skills necessary to become successful, responsible citizens”. This is accomplished through various activities including classroom instruction preparing for HSED testing, character development instruction, service to community and leadership opportunities.

In the second phase, graduates of the program, with the help of their mentor, continue to sustain and build on the progress made during the residential period. Cadets are assisted by their mentors to make the transition from the structured environment of the Challenge Academy into self-governed environment back in their home community.

Where do Challenge Academy mentors come from?

Challenge Academy mentors come from many sources from within a community and have wide and varied backgrounds. Our mentors have included teachers, counselors, factory workers, ministers, police officers, judges, retired men and women, social workers, the neighbor next door, little league coaches, and the list goes on and on. The important factor is that each one stepped forward to help a youth in their community.

Who can be a mentor?

Mentors must be at least 25 years of age, the same gender as the applicant, and not living in the same household. Anyone associated with the applicant as a family member may not be a mentor. This includes aunts, uncles, grandparents, stepparents, and potential family members for example, a parent’s significant other. A mentor does not have to be someone the applicant personally knows.

How much time is involved in being a mentor?

There is a significant time involvement in being a mentor. Mentors will visit with their Cadet approximately three times (all day Saturday or Sunday) while the Cadet is in residence at Fort McCoy. During the post-residential phase of the program, the mentor must have a minimum of 4 hours of contact per month with his/her cadet. Mentors are required to send in a monthly report to the Challenge Academy, providing information on the Cadet’s PRAP status/progress. Mentors and Cadets are required to do one “service to community” project each quarter of the post-residential phase.

I’m ready to be a mentor; what do I need to do?

The decision was the hard part; now it’s easy. Carefully read and fill out the attached application forms. Make a copy to keep for your records. The two *Reference For Potential Mentor* forms (pages 6 & 7) should be given to someone who has known you at least 3 years. They will fill those out and send them in directly to the Challenge Academy. Mail the original application with a copy of proof of car insurance to the Challenge Academy. A staff member will contact you at a later date (within the first couple weeks of the class cycle) for a personal phone interview and to answer any further questions you may have.

Wisconsin Challenge Academy

Mentor Application

(Please Print)

Mentor's Last Name		Mentor's First Name		MI																	
Candidate's Last Name		Candidate's First Name		MI																	
Were you a previous Challenge Academy Mentor? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, name of Cadet Class																			
MENTOR INFORMATION																					
Birth Date:	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number	Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>																
				Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>																
				Widowed <input type="checkbox"/>																	
Ethnicity: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> American Indian/Alaskan Native <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial / Other <input type="checkbox"/> </div>																					
Employer:		How long employed there?		Can we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
Work Status:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Retired <input type="checkbox"/>	Unemployed <input type="checkbox"/>																
					Occupation:																
Previous Employment (Last 5 years): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;"><u>Employer</u></th> <th style="width: 20%; text-align: center;"><u>Occupation</u></th> <th style="width: 20%; text-align: center;"><u>Length of Employment</u></th> <th style="width: 30%; text-align: center;"><u>Reason for Leaving</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>						<u>Employer</u>	<u>Occupation</u>	<u>Length of Employment</u>	<u>Reason for Leaving</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Employer</u>	<u>Occupation</u>	<u>Length of Employment</u>	<u>Reason for Leaving</u>																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
Home Mailing Address		City		State	Zip																
					County																
Home Phone:		Work Phone:		Cell Phone:																	
				Fax Number:																	
E-mail Address:																					
Driver's License Number and Expiration Date:			Will you have transportation to mentor activities held at Ft. McCoy? Yes <input type="checkbox"/> No <input type="checkbox"/>																		
Describe your driving record, including any offenses: (Proof of automobile insurance must be included with this application)																					
How do you know the Candidate?			Who asked you to be a mentor?																		
Current Voluntary Commitments:																					
Education: Highest level: Degree: Area of Study:																					
What type of experience do you have working with youth/children?																					

Why do you wish to become a volunteer mentor for the Challenge Academy? (Be specific)	
Current Health Condition Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/>	Do you have any physical limitations or special concerns?
Explain your past use of alcohol or any other drugs:	
Explain your present use of alcohol or any other drugs:	
Have you ever been involved in, investigated for, arrested, and/or convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly explain, including dates.	
What attitudes values and beliefs are of special importance to you?	
Please list any interests, hobbies, and activities you enjoy.	
What special skills or talents are you willing to share with your mentee or the Challenge Academy?	
<p style="text-align: center;">AUTHORIZATION TO RELEASE INFORMATION:</p> <p>I hereby authorize the Challenge Academy, along with law enforcement departments, to conduct whatever background search that may be deemed appropriate. I understand that this information is necessary to assist in determining my qualifications and suitability for a mentor position that I am seeking with the Challenge Academy.</p> <p>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 Challenge Academy and its agents from damage that may result from the exchange of requested information between law enforcement departments and the Challenge Academy.</p> <p>I further authorize the Challenge Academy to release information, as deemed necessary, for the purpose of developing longitudinal and statistical studies and reports.</p>	
Authority: Principle Purpose: Routine Uses: Disclosure:	Executive Order 9397 To assess the suitability of applicants to perform the functions and duties required to successfully mentor a Challenge Academy candidate during the Post-Residential Phase of the Challenge Academy. None Disclosure is voluntary, however, applicants who do not provide requested information, will not be considered for participation in the program.
The information provided in this application is true and accurate to the best of my knowledge.	
_____ Prospective Mentor's Signature	_____ Date
Make a copy of your application to keep on file. Mail the original, along with proof of automobile insurance , to the following address: <div style="text-align: center;"> Challenge Academy ATTN: Mentor Coordinator 656 South "O" Street Ft. McCoy, WI 54656-5144 Phone: (608) 269-3634 </div>	

WISCONSIN CHALLENGE ACADEMY

MENTOR POSITION DESCRIPTION

Position Summary The mentor serves as a role model, friend and advocate to the cadet.

Working Relationships Reports to the Mentor Coordinator or as directed.
Mentors one cadet.

Duties and Responsibilities:

- Returns completed screening material promptly.
- Commits to consistent contact with a cadet while he/she is participating in the Challenge Academy.
- Observes all program policies and guidelines for mentors.
- Attends mentor training to learn how to relate effectively to cadets.
- Participates in scheduled trainings and activities such as On/Off-site, and PRAP Review.
- Agrees to being contacted on a monthly basis by the Challenge Academy's assigned Counselor, for the purpose of discussing the cadet's progress.
- Discusses violations of policies by the cadet with the Counselor and Mentor Coordinator.
- Communicates monthly by mail, e-mail, or phone with their Cadet's assigned Counselor. Promptly informs the Counselor and/or Mentor Coordinator of problems or needs in the cadet's life or their relationship.
- Makes consistent contact with the cadet by phone, mail, e-mail, or in person.
- Maintains a minimum of 4 hours of contact with Cadet monthly, as required.
- Submits a monthly report to the Challenge Academy when scheduled, during weeks 14-22 of the Residential phase and months 1-12 of the Post-Residential Phase.
- At least two contacts per month will be face-to-face during the Post-residential Phase.
- Monitor the cadet's Post-Residential Action Plan. Discusses with the cadet his/her progress in executing the plan.
- Report any changes of the plan to the Cadet's Assigned Counselor.
- Refers the cadet to community resources as needed and helps the cadet obtain those resources.
- Completes a community service project in your home community with the cadet once per quarter during the Post-Residential phase of the program.
- Shares informal activities with his/her cadet.
- The mentor and cadet will jointly select and schedule the activities.
- Completes an Exit Interview by phone, mail, or e-mail at the completion of the 17-month program.

Signature: _____ Date _____

WISCONSIN CHALLENGE ACADEMY

LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with the matched candidate, and that I must exercise care in supervising my candidate while we are together. I also understand that I am not a Challenge Academy agent, and that I am responsible for choosing and conducting all activities with my candidate and that the Challenge Academy does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Wisconsin.

I, therefore, agree that the Challenge Academy, the National Guard Bureau, the State of Wisconsin, the Wisconsin National Guard, and their agents and employees will not be liable for, and I agree to hold the Challenge Academy, the National Guard Bureau, the State of Wisconsin, the Wisconsin National Guard, and their agents and employees harmless from any and all liability, causes of action, and losses imposed on them 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 the negligence of the Challenge Academy, the National Guard Bureau, the State of Wisconsin, the Wisconsin National Guard, and their agents and employees.

I further release the Challenge Academy, the National Guard Bureau, the State of Wisconsin, the Wisconsin National Guard, and their agents and employees from any and all liability, claims, demands, or causes of action, whatsoever, arising out of any damage, loss, or injury I might incur while participating in any activities contemplated by this mentoring agreement, whether such damage, loss, or injury is caused by the negligence of the Challenge Academy, the National Guard Bureau, the State of Wisconsin, the Wisconsin National Guard, and their agents and employees.

My signature below certifies that I have read and understand the material above.

Signature: _____ Date _____

RELEASE OF PERSONAL INFORMATION

I authorize the Wisconsin National Guard Challenge Academy (Academy) to release my name, address, and telephone numbers to an institution or individual, whether public or private, for the purpose of advocating, supporting, and furthering the mission of the Academy.

I further authorize the Academy to release said information as deemed necessary for the purpose of forming a parent support group, parent association, membership on a foundation to benefit the Academy, letter writing campaigns and class reunions.

This release shall remain in effect until revoked in writing by the undersigned individual(s).

My signature below certifies that I have read and understand the material above.

Signature: _____ Date _____

CONFIDENTIALITY AGREEMENT

Confidentiality is the preservation of privileged information concerning the client, which is disclosed in a professional working relationship. Part of what you learn is necessary to provide services to the applicant or client; other information is shared within the development of a helping trusting relationship. Therefore, most information gained on an individual and family is classified as confidential.

Before you begin your assignment as a mentor you should be aware of the laws and penalties of breaching confidentiality. Giving information to unauthorized personnel could be interpreted as not within the scope of your duties. In this case Challenge Academy could refuse to support you in the event of legal action. Violation of the Wisconsin Revised Statutes regarding confidentiality of records is punishable upon conviction by imprisonment in county jail for not more than sixty (60) days, or fines of \$1000, or both. My duties as a mentor are to abide by the laws and policies regarding the preservation of confidential information.

My signature below certifies that I have read and understand the material above.

Signature: _____ Date _____

Wisconsin National Guard Challenge Academy
ATTN: Mentor Coordinator
656 South "O" Street
Ft. McCoy, WI 54656-5144
(608) 269-3634

REFERENCE FOR POTENTIAL MENTOR

_____ has applied for volunteer work with the Wisconsin
(Fill in Mentor's Full Name)
National Guard's Challenge Academy Program. He/she is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you taking time to answer the following questions. The information received will be kept confidential.

How long have you known the applicant? _____ In what way? _____

Does he/she work well with others? _____

Does he/she have a tendency to over commit him/herself? Get too involved? _____

Please rate the applicant on the questions below:

	Excellent	Good	Average	Poor	Don't Know
Displays compassion for those in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a concern for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to problem-solve and reach decisions independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects others with differing views and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skillfully expresses an opinion in the face of opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses confidential information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains objective in crisis/ conflict situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfills commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person to be a volunteer working with at-risk youth? Please explain.

Would you be interested in becoming a mentor yourself? YES NO

Print Name _____ Signature _____

Home Phone Number _____ Date _____

Please mail this form to the address listed above within five working days.

Wisconsin National Guard Challenge Academy
ATTN: Mentor Coordinator
656 South "O" Street
Ft. McCoy, WI 54656-5144
(608) 269-3634

REFERENCE FOR POTENTIAL MENTOR

_____ has applied for volunteer work with the Wisconsin
(Fill in Mentor's Full Name)
National Guard's Challenge Academy Program. He/she is being considered for a match with an at-risk youth in a one-to-one relationship. To help us learn whether this person is suited for this type of volunteer work, we would appreciate you taking time to answer the following questions. The information received will be kept confidential.

How long have you known the applicant? _____ In what way? _____

Does he/she work well with others? _____

Does he/she have a tendency to over commit him/herself? Get too involved? _____

Please rate the applicant on the questions below:

	Excellent	Good	Average	Poor	Don't Know
Displays compassion for those in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates a concern for young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to problem-solve and reach decisions independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays maturity and stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects others with differing views and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skillfully expresses an opinion in the face of opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses confidential information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remains objective in crisis/ conflict situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfills commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this person to be a volunteer working with at-risk youth? Please explain.

Would you be interested in becoming a mentor yourself? YES NO

Print Name _____ Signature _____

Home Phone Number _____ Date _____

Please mail this form to the address listed above within five working days.