



PLEASE PROVIDE THIS APPLICATION TO YOUR POTENTIAL MENTOR

Dear Mentor Applicant,

Thank you for your interest in becoming a Mentor for a Cadet in the Alaska Military Youth Academy. Spending time with a young adult, as he/she makes important life decisions is one of the most important things you can do to help. Information about our program is available at www.akmya.org.

To be accepted to the Academy, each Cadet is **REQUIRED** to have a Mentor. Mentors must be 21 or older, same gender as Cadet, not an immediate family member (not mom, dad or step- parent), and not living in the same home as the Cadet.

Please give this application to your Cadet to take with them to their interview -OR- you may fax or mail the **fully completed** Mentor Application with the two references for you, to our office as soon as possible, hopefully within one week of receiving this letter and no later than the start of the cycle.

You will be required to complete a Mentor Training class, either in person, via internet or distance learning packet. You will be notified of the dates of these in-person trainings for those mentors that are in reasonable driving distance of Fairbanks and Anchorage. **Our primary form of contact with mentors will be via e-mail communication.**

| Mentor Coordinator | Phone | Email | Fax: 907-428-7385 |
|---------------------------|--------------|--|--------------------------|
| Tracey Barnhart | 907-428-7342 | Tracey.Barnhart@alaska.gov | |

If you have any questions, please contact one of the AMYA Coordinators at the number(s) above.

- Mentor Application
- Release of Information
- Mentor Job Description (Signed)
- Mentor Questionnaire
- State of Alaska Confidentiality of Information Acknowledgement
- Volunteer Service Agreement
- Mentor Reference(completed**)
- Mentor Reference(completed**)

Thank you for volunteering to mentor a youth!

**** Please give the 2 enclosed reference forms about you, at the end of your application, to a neighbor, coworker, or a friend to fill out. Then please return them with your application to your Cadet or to an AMYA Coordinator by mail to AMYA-Mentor PO Box 5727 JBER, AK 99505 or fax to 907-428-7385****

MENTOR APPLICATION/Release of Information for Background Check

Please Print NEATLY the following information

| | | | | | | |
|---|-------------------|--|------------------|----------------------|--|--------|
| (Full Legal Name) Last Name | | First Name | Full Middle Name | Date of Birth | Last 4 of SSN | Gender |
| Drivers License # (required) | DL State of Issue | Maiden Name or Other Name Used: | | Marital Status | Spouse's Name | |
| Current Mailing Address (Street/Apt#/PO Box) | | | City | State | Zip Code | |
| Current Residential Address | | | City | State | Zip Code | |
| If not at current address for the past 5 years, please list Former Address | | | City | State | Zip Code | |
| Ethnicity (for statistical purposes only) please circle Asian/Pacific Islander White Hispanic Black Alaska Native/Native American Other:Specify _____ | | | | | | |
| E-mail Address (required) | | Home Phone Number | | Cell Number | Fax Number | |
| Name of Cadet/Youth you will be Mentoring (please leave blank if you are volunteering to Mentor youth as needed) | | | | | | |
| Current Employer's Name | | Occupation | | Length of Employment | Work Phone Number | |
| Military Service (circle those that apply) Active Reserve Retired Past Service Other: specify _____ | | Branch (circle those that apply) Army Coast Guard Air Force Marines ARNG Navy ANG | | Rank | Do you currently have access to JBER, if you're not military? (not work related)? YES NO Do you have your own transportation? YES NO Do you have car insurance? YES NO | |
| While participating in the Alaska Military Youth Academy activities, pictures may be taken. I grant permission to use my name and picture for the purpose of promoting, recruiting, training or news stories of the Alaska Military Youth Academy. ____Yes ____No | | | | | | |

Explain any current offenses on your driving record: _____

Have you ever been convicted of a Criminal Offense (found guilty or plea agreement to any misdemeanor or felony offense)? ____No ____Yes → please give full **details** to include date(s) and location(s) (use another sheet if needed)

I understand that information gained through Cadet Records and discussions with Cadets and staff is confidential and is not to be discussed or released at any time.

I further certify that all statements herein are complete and correct. I agree that Alaska Military Youth Academy may complete a background check on me. This includes a request to DMV for a list of all violations. I authorize the Police Department and Court House to furnish any information they have on record. I release the Alaska Military Youth Academy from any liability upon furnishing such information.

Mentor Applicant Printed Name

Mentor Applicant Signature

Date

MENTOR JOB DESCRIPTION

The Mentor serves as a role model and adult friend to a Cadet during the Residential and Post Residential Phases.

Working Relationship:

- Reports to the Alaska Military Youth Academy (AMYA) Coordinator

Responsibilities:

- Commit to spending 12 months in aftercare (post-residential phase- the 12 months following the cadet's graduation from the residential portion of the program). Weekly contact with Cadet, by letter, phone call, or in person. Minimum of 4 hours contact per month or 4 contacts per month (preferably 2 of which are face to face). Total commitment is 18 months from the start of the program.
- Return completed materials promptly.
- Complete required training(s).
- Commit to make weekly contact with Cadet, by mail, or in person during the 5 month residential phase. Minimum of 4 hours contact per month, or 4 contacts per month (preferably 2 of which are face to face).
- Discuss and assist Cadet with setting short, med and long-term goals leading to the Cadet's Post-Residential Action Plan (P-RAP).
- Observe program policies and guidelines for mentors. Discuss violations with AMYA Coordinator.
- Refer Cadet to community resources if and when needed.
- Participate in mentor visitations and relevant activities. (Please note that if you are not in reasonable driving distance to JBER (Joint Base Elmendorf-Richardson), you will not be required to travel for these events.)
- Share in informal and fun activities with Cadet.
- Communicate at least monthly with AMYA Coordinator. (this includes monthly reports in the 12 month post-residential phase)
- Promptly inform AMYA Coordinator of any needs or problems that may arise in Cadet's life.

Mentors outside reasonable driving distance to Anchorage are not required to travel to JBER, however should be writing their cadet or e-mailing them at Amymentors@alaska.gov while they are in the residential portion of the program.

Mentor Applicant Printed Name

Mentor Applicant Signature

Date

MENTOR QUESTIONNAIRE

Mentor Name(print) _____

Cadet Name _____

This is a short questionnaire that is part of the process for screening the mentors.

In order to know you a little bit better, we have a few questions that we would like to ask you. We appreciate everyone's individualities and strengths. There isn't any right or wrong answers; we just want you to be honest and straightforward.

1. What is your relationship with the Cadet? _____

2. Who referred you to be a mentor for the Alaska Military Youth Academy? _____

As you are aware, this is a tobacco, alcohol and drug free program. Some of our cadets have had problems in the past with these substances.

3. Do you have a personal history of drug or alcohol abuse? Have you experienced problems with drugs or alcohol, for example with a family member? If so, how have you dealt with it?

4. What is your opinion regarding underage drinking and drug use? _____

5. Will you insist that the Cadet refrain from smoking, using tobacco, drugs or alcohol? _____

6. Will you insist that the Cadet remain with you at all times while on pass? _____

7. What are your hobbies or interests? _____

8. What languages do you speak? _____

9. Do you attend church? ___ No ___ Yes → What church do you attend _____

AMYA is located on JBER (Joint Base Elmendorf Richardson), a secure military installation. You must have a Military ID, DOD ID, DBIDS, or other military issued ID card to access the installation.

Driver's License/State ID Number: _____

State of Issue: _____

Mentor Applicant Printed Name

Mentor Applicant Signature

Date

Alaska Statute 39.25.080

Sec. 39.25.080. Personnel records confidential; exceptions.

(a) State personnel records, including employment applications and examination and other assessment materials, are confidential and are not open to public inspection except as provided in this section.

(b) The following information is available for public inspection, subject to reasonable regulations on the time and manner of inspection:

(1) The names and position titles of all state employees;

(2) The position held by a state employee; (3) Prior positions held by a state employee;

(4) Whether a state employee is in the classified, partially exempt, or exempt service; (5) The dates of appointment and separation of a state employee;

(6) The compensation authorized for a state employee; and

(7) Whether a state employee has been dismissed or disciplined for a violation of AS 39.25.160 (1) (interference or failure to cooperate with the Legislative Budget and Audit Committee).

(c) A state employee has the right to examine the employee's own personnel files and may authorize others to examine those files.

(d) An applicant for state employment who appeals an examination score may review written examination questions relating to the examination unless the questions are to be used in future examinations.

(e) In addition to any access to state personnel records authorized under (b) of this section, state personnel records shall promptly be made available to the child support services agency created in AS 25.27.010 or the child support enforcement agency of another state. If the record is prepared or maintained in an electronic data base, it may be supplied by providing the requesting agency with access to the data base or a copy of the information in the data base and a statement certifying its contents. The agency receiving information under this subsection may use the information only for child support purposes authorized under law.

Alaska Statute 39.25.900

Sec. 39.25.900. Penalties.

(a) A person who willfully violates a provision of this chapter or of the personnel rules adopted under this chapter is guilty of a misdemeanor.

(b) A state employee who is convicted of a misdemeanor under this chapter or the personnel rules adopted under this chapter immediately forfeits the employee's office or position.

The Alaska Whistleblower Act

The Alaska Whistleblowers Act (AS 39.90.100 — 39.90.150) prohibits public employers from discharging, threatening, or otherwise discriminating against employees for reporting matters of public concern to a public body.

The whistleblower protection extends to those who have made — or are about to make — reports on matters of public concern, as well as those who participate in court actions, investigations, hearings, or inquiries on matters of public concern.

A "matter of public concern" means a violation of state, federal, or municipal law, regulation, or ordinance; a danger to public health or safety; gross mismanagement, substantial waste of funds, or clear abuse of authority; a matter that the office of the ombudsman has accepted for investigation; or interference or failure to cooperate with the Legislative Budget and Audit Committee.

A "public body" means an officer or agency of the federal government, the state, a political subdivision of the state, a public or quasi-public corporation or authority established by state law, or the University of Alaska. Consequently, whistleblower protection could apply to a state employee's report to his or her own employer.

Whistleblower protection applies only when the reporting person reasonably believes that the information reported is or is about to become a matter of public concern and the person reports the matter in good faith. The protection does not apply if the matter of public concern is the result of the reporting person's own conduct, unless the reporting person's employer required that conduct.



Mentors-please insert your name and provide this to someone who can be a reference for you.

Mentor Applicant's Name _____

Mentor Reference Form

The person named above has applied to be a volunteer mentor with the Alaska Military Youth Academy. He/she is being considered for a match in a one-to-one relationship with one of our Cadets. The information received is kept in confidence. For more information about our program please go to www.akmya.org or contact 907-428-7339, 907-428-7342, 907-428-7343.

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

Does the applicant work well with others? _____

Does the applicant have a good home relationship? _____

Does he/she have a tendency to over-commit or get too involved? _____

| Please rate the volunteer on the questions below: | Excellent | Average | Poor |
|---|-----------|---------|------|
| Compassion for those in need? | | | |
| Concern for young people? | | | |
| Maturity and stability? | | | |
| Ability to respect others with differing views and values from one's own? | | | |
| Skillfulness to express an opinion in the face of opposition? | | | |
| Responsibility to use confidential information appropriately? | | | |
| Ability to remain objective in crisis and conflict situation? | | | |
| Ability to problem solve and reach decisions independently? | | | |
| Openness to learning? | | | |
| Verbal communication skills? | | | |
| Written communication skills? | | | |
| Proficiency to carry out assignments in due time? | | | |

Do you have any concerns about the suitability of the applicant's ability to work with our Cadets?

Reference Printed Name _____ Date _____

Reference Signature _____ Phone _____

Reference Email Address: _____

Would you like to volunteer to be a mentor for the Alaska Military Youth Academy?

No Yes Need more information

Reference: Please return to AMYA-Mentor PO Box 5727 JBER, AK 99505 –or- fax to 907-428-7385 -or- email to Tracey.Barnhart@alaska.gov or



Mentors-please insert your name and provide this to someone who can be a reference for you.

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**STATE OF ALASKA
VOLUNTEER SERVICE AGREEMENT**

This Agreement is entered into between the State of Alaska, Department of _____
(State), Division of _____ and _____ (Volunteer)

Volunteer Address _____ Volunteer Phone Number _____ Volunteer Email Address _____

WHEREAS, the Volunteer desires to participate as an unpaid worker, alongside but not displacing State employees, as follows:

Dates of Volunteer Service: From: _____ To: _____

Program Name: _____ (Program)

Description of Duties Volunteer will be performing: _____

Division, Facility, Address/Location: _____

Will Volunteer be traveling in a State-Owned vehicle? YES _____ NO _____ If YES, indicate mode with "P" for Passenger or "O" for Operate: **Vehicle** _____ **Plane** _____ **Boat** _____ **ATV** _____

*****If the Volunteer is a minor under the age of 18**, provide the Volunteer's Age at time of service _____. Please ensure the scheduled days/times of volunteer service as well as types of duties are included in the description of duties above. In addition, a parent/guardian must agree with terms of this agreement and indicate agreement by signing below before the agreement can be approved by the State of Alaska, Division of Risk Management.

WHEREAS, the State desires to allow the Volunteer to participate in said Program, NOW, THEREFORE, the parties agree as follows:

The Volunteer agrees to participate without compensation for his/her duties in the Program under the direct supervision of State employee _____ (Program Supervisor).

- For the duration of the Volunteer's participation in the Program, the State agrees to provide to the Volunteer medical coverage and disability compensation, in amounts comparable to that afforded employees under the Alaska Workers' Compensation Act (AWCA), if the Volunteer suffers injury, illness or death that arises out of, and occurs while acting within the course and scope of performance of his/her volunteer duties. It is agreed that weekly compensation for disability or death will be based on the minimum rate of compensation under AS 23.30.175. It is agreed that compensation or medical coverage will not be provided when the volunteer may be eligible for coverage by any other health or disability policy, insurance, payment or benefit, (including Medicaid, Medicare, Social Security, or pension) or Workers' Compensation coverage by another employer. Disputes regarding payment of compensation and medical benefits under this agreement are agreed to be decided by the Alaska Workers' Compensation Board without stipulating to the Board's jurisdiction. The State is not subject to AWCA penalty, interest, SIF, or other payment in regard to the Volunteer.

- The State agrees to defend, indemnify, and hold harmless the Volunteer in the same manner and to the same extent the State protects its employees from any claim, demand, suit for property damages or personal injury including death allegedly caused by the Volunteer's duties if the Volunteer: a) at the time of the occurrence was acting in good faith within the course and scope of his/her volunteer duties in accordance with the directions of the Supervisor; b) the Volunteer provides immediate notice to the State of any claim; and c) the Volunteer cooperates in the defense and does not stipulate to any judgment or settlement without the State's approval.
- The Volunteer understands the State does not insure loss or physical damage to its employee's personal vehicle, equipment, or other personal property used while performing state work; nor will the State provide property insurance coverage for loss or physical damage to any Volunteer's personal vehicle, equipment, or other personal property used while performing his/her volunteer duties.
- In consideration of the benefits received from participation in the Program and the protection offered by this Agreement, the Volunteer: 1) accepts the remedy provided by the State, and dispute resolution by the Alaska Workers' Compensation Board, as his/her sole legal remedy from the State if the Volunteer suffers injury, illness or death arising out of, and occurring while acting within the course and scope of, his/her volunteer duties; 2) transfers his/her right to recover from others who may be responsible for the injury, illness, or death to the State and/or its assigns upon payment of compensation or medical expenses by the State; and 3) agrees to cooperate and to do everything necessary to enable the State and/or its assigns to enforce the right to recover from others.

IMPORTANT NOTICE: This Agreement is in effect once it is signed by the person designated below as the Program Director and approved by a State of Alaska, Division of Risk Management staff member.

Person to be notified in case of an emergency:

| Name of Emergency Contact | Address | Phone Number | Relationship |
|---------------------------|---------|--------------|--------------|
|---------------------------|---------|--------------|--------------|

The Volunteer acknowledges he/she has read this Agreement, understands it, and agrees to be bound by its terms.

Signature of Volunteer: _____ Date: _____

Home or Cell Telephone Number: _____ Date: _____

*****Signature of Parent/Guardian if under 18:** _____

Home or Cell Telephone Number: _____ Date: _____

Program Supervisor Signature: _____

Title: _____ Telephone Number: _____

Program Director Signature: _____

Title: _____ Telephone Number: _____