

# Lincoln's ChalleNGe Program

## *Lincoln's Challenge Program Overview*

The Illinois National Guard Lincoln's ChalleNGe Program is a program for 16-18 year old at-risk youth. The ChalleNGe Program is designed to offer its Cadets (students) a variety of educational and vocational opportunities as well as life skills necessary to become successful members of their communities. Lincoln's ChalleNGe is a 17-month two-phased military modeled training program. The first five months, the Resident Phase, is spent in Rantoul, Illinois where the days are long, mental and physical activities are rigorous and personal time is very limited. In addition to physical training and classroom instruction, each participant completes 40 hours of community service activities. Upon successful completion of this phase, Cadets enter the 12-month Post Resident Phase. Here Cadets work toward the completion of their life plan by continuing their education or entering the job market. Cadets are also assigned a Mentor from their community who will keep in contact with them during the Resident Phase and become an active part in their success during the following Post Resident Phase.

## *Role of the Mentor*

The role of the Mentor is to serve as a role model, friend and advocate to a Cadet. Mentoring involves a one-on-one relationship between a youth and an adult wherein consistent support and guidance are provided.

During the Resident Phase, the Mentor maintains contact (telephone and letters) with their Cadet in an effort to provide support and guidance through this somewhat difficult time. The Mentor is also informed of the Cadet's plans upon graduation so that they may be able to better guide and assist them during the Post Resident Phase. The Mentor aids Cadets in maintaining the basic value and lifestyle changes introduced in the Residential Phase of the program. The goal of the Post Residential Phase is to build on these initial successes and to encourage continued growth and change. The Mentor is essential to assist these young adults to maximize their individual potential.

The goal of the Mentor is to aid the youth in attaining, as well as maintaining, the skills and confidence needed to become a responsible young adult. This will culminate in the youth's desire and ability to succeed in educational and employment opportunities.

## *How to become a Lincoln's Challenge Mentor*

The first step is to complete a Mentor Application. If you know a youth that is applying to Lincoln's Challenge, you may include your application with that of the youth's. If you do not know a youth that is applying, you may submit the application, and we will match you with a youth from your area. To become a Mentor, you must be:

- 21 years of age or older
- A resident of Illinois and citizen of the US, or legal resident
- Employed, a full time student or retired
- Reside within 50 miles of the Cadet
- Same gender as student
- Unrelated to and/or not living in same household as Cadet
- Willing to agree to the following:
  - ◆ Sign a Mentor Contract and Agreement
  - ◆ Agree to a criminal background check
  - ◆ Attend Mentor Training

If you meet, and understand these criteria you will begin the formal application process. The application includes three personal reference sheets that must be completed before an interview is given. Once received and the Regional Coordinator in your area completes the initial screening, a formal interview will be set, a background check will be initiated and training will be completed. Once you complete and pass all areas of this process, you will become a Lincoln's ChalleNGe Mentor.

## ***Mentor Training***

Training will be provided to give you program-specific information that is essential to assist the Cadet in pursuit of his/her goals. Also, included in the training is valuable information on how youth view the world and suggestions on how to deal with often-difficult situations that may be experienced in the mentoring relationship.

## ***Mentor/Cadet Relationship***

As a LCP Mentor, you are expected to maintain contact with your Cadet for 14 months. During the Resident Phase, communication is primarily letters and telephone calls. Mentors are encouraged to visit their Cadet on Visitation Days and attend a scheduled Mentor/Mentee Match Ceremony. During the Post Residency Phase the Mentor maintains contact with their Cadet at least four times a month (once a week, of which one meeting must be face to face.) At the end of each month a report must be submitted to the Regional Coordinator indicating what happened at those meetings as well as any problems, changes or progress made by the Cadet. Mentors must notify the Regional Coordinator immediately of any changes in addresses, phone numbers or significant problems with their Cadet.

## ***Mentor Role in Stipend Disbursement***

Mentors are involved in the management of the Cadet \$1,000 graduation stipend. This stipend is to be used for two purposes--employment or education. However, some allowance is given for housing, transportation etc. with the approval of the Nonresident Supervisor. The stipend is disbursed in four equal installments. The role of the Mentor in this process is to inform the Regional Coordinator, on a monthly report, of the Cadet's activities in regards to school and/or employment.

## ***Mentor Acceptance Process***

If you are interested in becoming a Lincoln's Challenge Mentor please refer to the Application Checklist on the back of this packet and complete the application. If you know someone else who is also interested, have them call 1-800-851-2166 to request an application. If you have a specific student in mind, include their name on your application where indicated. If you don't have a specific student in mind, simply indicate that you are willing to be matched with any Cadet. Be sure to complete the application fully and completely to include the notarized section. Send the completed application to the Regional Coordinator closest to you. Once the application is received all you have to do is participate in an interview, attend training---and you're a MENTOR!!

**YOU CAN MAKE A DIFFERENCE...**  
**ONE LIFE AT A TIME**

AUTHORITY: PUBLIC LAW 102-484

PRINCIPLE PURPOSE: TO DETERMINE WHETHER APPLICANT MEETS ELIGIBILITY CRITERIA FOR PROGRAM.

ROUTINE USE: TO DOCUMENT INFORMATION ON APPLICANT WHICH MAY BE USED DURING SELECTION PROCESS; TO PROVIDE STATISTICAL DATA; AND FOR ROUTINE PERSONNEL MANAGEMENT ACTIONS IF APPLICANT IS SELECTED FOR PROGRAM. DISCLOSURE IS VOLUNTARY; HOWEVER, FAILURE TO FURNISH INFORMATION WILL RESULT IN REJECTION OF APPLICANT.

# Mentor Application

RETURN TO:

**PRINT CLEARLY IN INK OR TYPE**

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

1. **SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_  
Last Name & (Maiden Name, if Applicable)                      First                      Middle                      (SR, JR, III, etc)

3. **RACE (Necessary for Background Check)**

- \_\_\_\_\_ Alaskan Native or American Indian
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ Black, not of Hispanic origin
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Multiracial
- \_\_\_\_\_ Other
- \_\_\_\_\_ White, not of Hispanic origin

4. **GENDER:** MALE    FEMALE

5. **DATE OF BIRTH** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month - Day - Year

6. ( \_\_\_\_\_ )  
**Home Phone Number**

7. ( \_\_\_\_\_ )  
**Work Phone Number**

8. \_\_\_\_\_  
**Address (PO Box, Apt # etc.)**

\_\_\_\_\_

City	State	Zip	County
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9. \_\_\_\_\_  
**Present Employer/School**

10. \_\_\_\_\_

Work Address	City	State	Zip
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11. **Occupation** \_\_\_\_\_ **Length employed:** \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

12. **List other employment for the past 3 years (most recent first)**

Position	Employer	Length of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **Education:** High School \_\_\_\_\_ Year Grad \_\_\_\_\_  
College/Univ. or Tech Training \_\_\_\_\_ Year Grad \_\_\_\_\_

14. **Marital Status (Circle One):** SINGLE MARRIED DIVORCED SEPARATED WIDOWED

\_\_\_\_\_  
15. Number of Children \_\_\_\_\_  
**Spouse's Name**

16. Valid Driver's License: Yes \_\_\_ No \_\_\_ State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

17. Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, do you have access to transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have vehicle insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

\*18. Have you ever been arrested, convicted and/or sentenced for a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

\*19. Have you ever sought treatment/counseling for drugs and/or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

\* Are not absolute discriminators for acceptance as a Lincoln's Challenge Mentor

20. If known, enter the name of the Corpsmember you would like to mentor:

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

21. Available for Interview: \_\_\_\_\_ Morning Afternoon Evening Home or Work Phone  
Day(s) of Week (Circle one) (Circle one)

22. CERTIFICATION: I UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED ON THIS APPLICATION OR GIVING FALSE INFORMATION MAY MAKE ME INELIGIBLE FOR ACCEPTANCE INTO THE LINCOLN'S CHALLENGE MENTOR PROGRAM OR SUBJECT TO DISMISSAL AS A MENTOR. WITH THIS IN MIND, I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT THIS APPLICATION WILL BE RETURNED IF I HAVE NOT PROVIDED ALL THE INFORMATION NECESSARY TO PROCESS THE APPLICATION.

**Privacy Act Statement**

I understand that all forms and information obtained from me and about me will be held in confidence by the Agency. Only my application is accessible to me and all other information becomes the property of the Agency. The Agency will not release, unless required by law, information from the volunteer file to outside sources without my written approval other than verification that I am a volunteer. I understand that certain information such as Name, Address and Employment may be released to the Mentee's parents or affiliated Agency. In addition, periodically volunteer files are audited for the purpose of program evaluation by the Agency's Nonresident Office and the Lincoln's Challenge Program, which will uphold the volunteer's confidentiality.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Mentor Database Entry:** \_\_\_\_\_ **Class #** \_\_\_\_\_ **Region** \_\_\_\_\_  
Date

**Entered By:** \_\_\_\_\_

# MENTOR LIABILITY RELEASE

I understand and agree that I will be the one actually spending time with my matched Corpsmember, and that I must exercise care in supervising my Corpsmember while we are together. I also understand and agree that I am not a Lincoln's ChalleNGe agent, and the Lincoln's ChalleNGe does not retain any power to control how these activities are conducted except to require these activities to be conducted in the State of Illinois. I, therefore, agree that Lincoln's ChalleNGe will not be liable for, and I agree to hold Lincoln's ChalleNGe 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 Lincoln's ChalleNGe negligence or otherwise. I further release Lincoln's ChalleNGe 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 the negligence of Lincoln's ChalleNGe, its officers, agents, servants, employees or otherwise.

Printed Name: \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

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

**MENTOR**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

For the period of one year from the execution of this form I, \_\_\_\_\_  
**(PRINT) Mentor's Name**

do hereby authorize a release of all said records concerning myself to any duly authorized agent(s) of the Lincoln's ChalleNGe Program, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of information from any person or agency to include: **educational institutions; records maintained by the National Personnel Records Center and the US Veteran's Administration; County, State or Federal Law Enforcement Agencies; employment and pre-employment records, including background reports, efficiency ratings and complaints or grievances filed by me or against me; psychiatric or psychological and social history/assessment records, wherever they may be maintained, including the Illinois Department of Children and Family Services; and records pertaining to previous volunteer experience.**

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability as a Lincoln's ChalleNGe Mentor. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Lincoln's ChalleNGe Program from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original in writing of my signature.

I have read and fully understand the contents of the "Authorization for Release of Personal Information".

\_\_\_\_\_  
**MENTOR** Signature (include maiden name) Date \_\_\_\_\_

Mentor Social Security No.: \_\_\_\_\_ Mentor Date of Birth: \_\_\_\_\_

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

Mentor Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Mentor Bus. Phone: (\_\_\_\_\_) \_\_\_\_\_

State of Illinois  
County of \_\_\_\_\_, TO WIT: I, \_\_\_\_\_, a Notary Public in and for the above County and State, certify that \_\_\_\_\_ whose signature appears on the above document, personally appeared before me in my said County and State and did then and there sign the above document. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_  
\_\_\_\_\_

Notary Public



# Lincoln's ChalleNGe Program

## Reference Form

Mentor's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Corpsmember's Name: \_\_\_\_\_

Region: \_\_\_\_\_

### **Personal References (2)**

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

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

Street, P.O. Box, Apt #

City

State

Zip

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

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

Years known: \_\_\_\_\_

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

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

Street, P.O. Box, Apt #

City

State

Zip

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

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

Years known: \_\_\_\_\_

### **Professional Reference**

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

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

Job Title: \_\_\_\_\_

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

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

Years known: \_\_\_\_\_