

**Virginia Commonwealth Youth Challenge Academy
Student Application**

Data Required by the Privacy Act OF 1974

AUTHORITY: Public Law 102-484, Sec. 1091 e (2)

Principle Purpose: To select applicants for participation in the Virginia Commonwealth Youth Challenge Academy. Medical information is solicited so that successful applicants may be provided safe and effective medical treatment in the event of illness or injury.

Routine Uses: None

Disclosure: Disclosure is voluntary, however, applicants who do not provide requested information will not be considered for participation in the program.

The Commonwealth Challenge Youth Academy is a non-profit organization sponsored by the Virginia National Guard. Our purpose is to provide a highly disciplined atmosphere which fosters academics, leadership development, and personal growth. We serve unemployed 16-18 year old youth who have withdrawn or have dropped out of high school, without regard to race, gender, or national origin.

Answer all questions honestly and completely. Answers given in this application are intended to help us know the applicant better. It is not our purpose to reject applicants based solely on answers provided in this

For more information please visit our web site, www.vachallenge.org or call one of our admissions team members at:

Hampton Roads Area	757-491-5932 Ext. 231, 235
Northern Virginia Area	730.946.8107
Central and Richmond	804.385.2131
Area Toll Free	1-800-796-6472 Ext 231, 235

Virginia Commonwealth Challenge Youth Academy Application Checklist

To Apply for admission Complete the following Application as thoroughly as possible and attach required forms.
PLEASE DO NOT LEAVE ANY FORM BLANK. Mail Application to address below or fax to (757)491-5934

Provide the following documents in this order.

- ___ Application Forms: Complete pages 1 and 2 entirely and accurately.
- ___ Birth Certificate: Provide a copy of your birth certificate.
- ___ Social Security Card: Provide a copy of your social security card.
- ___ School Transcript(s): Obtain a copy from the school.
- ___ Individualized Education Plan (IEP) 504/Triennial Report: Obtain a copy from the school.
- ___ Consent for Release of School Information Form
- ___ Release of Liability Covenant not to Sue and Indemnity Agreement Form: MUST BE NOTARIZED.
- ___ Legal Information Form
- ___ Court Orders/Disposition: Provide charge(s), type(s) of charge(s), pending court dates, results of charge(s), etc.
- ___ Child Custody Documents: Provide a copy of your most current custody papers.
- ___ Two Recommendation of Applicant Forms
- ___ Parent Contract Authorization of Release Form
- ___ Child Care Authorization Form
- ___ Art Therapy Agreement Form
- ___ TB skin test or chest x-ray: Received within 12 months prior to the start of class.
- ___ Current Immunization Record: Provide a copy of your most current immunization record.
- ___ Medical Insurance Verification: Provide a copy of your insurance card front & back.
- ___ Report of Medical History Form: Parents and the child will fill this form out and sign it.
- ___ Special Power of Attorney for Medical Care and Expense: MUST BE NOTARIZED.
- ___ **Female** Hygiene Exam: Provide a copy of the results of your examination completed within six months prior to the start of class.
- ___ Release of information Consent form
- ___ Mentor Application: Bring your mentor or potential mentor with you to Orientation. Questions. Questions about Mentors can be Answered by calling (757) 491-5932 Ext 240 or 250.

Admissions
Virginia Commonwealth Challenge Youth Academy
253 C Street
Camp Pendleton
Virginia Beach, VA 23451-2576

Dated 3/17/14

**Virginia Commonwealth Challenge Youth Academy
Application Form**

Section A: Applicant Information

First Name Middle Name Last Name

SSN D.O.B MM/DD/YY AGE SEX M / F

Address City State Zip Code

Home Phone

Ethnicity/Race

Hispanic/Latino American Indian Asian African American Caucasian Native Hawaiian Alaska Native
 Pacific Islander Other _____

Height (inches) Weight Hair Color Eye Color

Section B: Parent/Guardian

Parent/Guardian With whom you live : For a guardian with custody, please provide the court document showing the name of the individual (s) awarded legal custody of applicant.

Name Parent/Guardian Cell

Address City State Zip Code

Parent E-Mail _____ Facebook Page _____

Section C: Emergency Contact

Relationship Name Cell phone Number

Section D: Applicant Education

Last school attended

Address Last Grade completed

City State Zip Code

Do you have

High School Diploma GED 504 Plan IEP

Have you ever attended an Anger Management Class or Group? Yes / No

If yes, where and when?

Section E

Drug and alcohol test.

I fully understand that by submitting this application, I agree to the Challenge Academy administering a drug and alcohol test to my child as a prerequisite for admission to the Commonwealth Challenge Youth Academy, and that my son/daughter will be tested by qualified individuals for drugs and alcohol as part of his/her physical examination. I further understand that during the course of the program, my child will be randomly tested for drugs and alcohol. Initial _____

Affirmation of information.

By submitting this application, I affirm that all information and statements that I have provided are accurate and true to the best of my knowledge, and fully understand that any false statements will disqualify my child from the academy.

I certify that my child is in good health. I further understand that the Challenge Academy is a residential institution which provides GED instruction, military training and employment preparation. As such, any information I provide may be made available to any person having the legitimate need for the information. I approve of the Challenge Academy using my child's photo or likeness of, and voice for any video, DVD, radio, TV programs or interviews and Internet presentations to included FaceBook, YouTube and any other social media outlets to promote the Commonwealth Challenge Youth Academy. A photographer chosen by the Challenge Academy can take pictures of my son/daughter for the purpose of Prom, Family Day and the Yearbook or Yearbook DVD.

Initial _____

Monitoring of Cadets by surveillance Cameras; 24/7

Youth Challenge Cadets are monitored by camera twenty four hours a day, seven days a week in the barracks, HQ, academic buildings, the dining hall and all common areas. Cadets are to be in either school or physical training (PT) uniforms at all times in their barracks, hallways, coming in and out of the shower or latrine, and the academy area. Cadets will be in proper uniform according to CCYA policy and cadet handbook. Uniform changes may be dictated by the TAC officer or higher authority depending on the situation. If my son/daughter tampers or destroys any of the surveillance cameras he/she maybe terminated and the parents or guardians will be held liable for the damage and billed by the state.

Parent Initial _____ Applicant Initial _____

Youth participants shall be informed of the following: Participants receiving training under the Program established by this guidance are neither Federal employees nor members of the National Guard. The participants shall be considered Federal employees under Subchapter I of Chapter 81 of Title 5, U.S. Code, for the purpose of compensation for work injuries; and for the purpose of Sections 1346(b) and Chapter 171 of Title 28, U.S. Code, and any other provision of law relating to the liability of the United States for tortuous conduct of employees of the United States. The participants shall not be considered to be in the performance of duty while not at the assigned location of training or other activity authorized in accordance with the Program Agreement except. When the participant is traveling to or from the location or is on pass from that training or other activity. In computing compensation benefits for disability or death, the monthly pay of a participant shall be deemed that received under the entrance salary for a grade GS-2 Federal employee. The entitlement of a person to receive compensation for a disability shall begin on the day following the date that the person's participation in the Program is terminated.

Parent Initial _____ Applicant Initial _____

Parent Signature

Applicant Signature

How did you hear about CCYA

Release of Liability Covenant Not to Sue / Indemnity Form

I/we, the parent(s)/guardian(s) of _____, who has applied for enrollment in the Virginia Commonwealth Challenge Youth Academy at the State Military Reservation in Virginia Beach, Virginia, give permission for the Virginia Commonwealth Challenge Youth Academy staff to maintain discipline by imposing disciplinary measures upon my child. INITIAL _____

I/we further agree that, if necessary, due to medical, disciplinary or other reasons, the Director may elect to return my child to my home by government, commercial, or private carrier. I/we also authorize the Challenge Academy to transport my child as a passenger in commercial, government or private ground, water and or air vehicles during the program period. INITIAL _____

Futhermore, in consideration of my child's participation in the Virginia Commonwealth Challenge Youth Academy, I/we HEREBY RELEASE the United States and the Commonwealth of Virginia, it's officers, agents, employees, successors, and assigns from any and all liability which may raise from my child's participation in the Virginia Commonwealth Challenge Academy, and I agree to indemnify and hold harmless the United States and The Commonwealth of Virginia, it's officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this program. INITIAL _____

I agree that I will never prosecute, or in any way aid in the prosecuting and demand, claim, or suit against the United States Government for any loss, damage, or injury to my child or my property that may occur from any cause whatsoever by taking part in the Virginia Commonwealth Challenge Academy. If I should take part in any such case, I agree to pay the United States Government for all damages, expenses and costs it may incur as a result thereof. INITIAL _____

I understand and agree that I am assuming the risk of any property damage or personal injury to my child that may result from participation from this activity. These include such damages or injuries as may be caused by the negligence of the United States Government, The Commonwealth of Virginia or any of it's employees. INITIAL _____

I also understand and agree that I may be held liable for any damage or loss to the United States Government, the Commonwealth of Virginia or any private person, business or residence that is caused by my child's negligence, willing misconduct, or fraud while participating in this activity. I further agree to indemnify and hold harmless the United States Government and the Commonwealth of Virginia from any demand, claim, or suit brought as a result of my child's negligence, willful misconduct, or fraud while participating in this activity. INITIAL _____

Also, in consideration of Naval Air Station Oceana granting permission to enter its premises for the purpose of participation by me and /or my dependent child/children in the Virginia Commonwealth Challenge Academy, I hereby waive all claims for damage or loss to my person or property (including cost and expenses) and that of my dependent child/children whose name I have listed below , which may be caused by any act, or failure to act, or in connection with the instructors' activities and actions, of the United States Naval Air Station Oceana and all military installations its officers, agents, employees or instructors. INITIAL _____

I assume on my behalf and on the behalf of my below listed child/children the risk of the inherent dangers of participation in such a program, all the dangerous conditions in and about Naval Air Station Oceania, or any military installation waive any and all specific notice of the existence of such dangers and conditions. INITIAL _____

I give express permission to gym personnel to notify emergency medical officials , either civilian or military, in the event there is actual or apparent injury to myself or my below listed child/children and understand that any medical bills that result from observation, tests and or treatment will be at my expense as a consequence of this waiver. INITIAL _____

I understand that Commonwealth Challenge, while located on a military reservation, is essentially an open campus. While Commonwealth Challenge will endeavor to ensure that your child does not leave the Challenge campus without proper authority, the program cannot guarantee that cadets will not leave without our knowledge or permission . Commonwealth Challenge cadre and staff cannot use force to prevent the cadet from leaving. In the event that a cadet leaves the campus without authority, the parent and the local police will be notified as soon as the absence is discovered. Any unauthorized absence greater than 24 hours will result in termination of the cadet from the program. The termination will become effective immediately upon the return of upon the return of the cadet to parental or law enforcement control. INITIAL _____

NOTARY SEAL

Sworn and subscribed before me, in my presence, this _____ day of _____, 20_____
A Virginia Notary Public, in and for _____, county/city

Parents Signature _____ Date _____

Student Signature _____ Date _____

Home Phone _____

Signature of Notary Public

Virginia Commonwealth Challenge Youth Academy

CONSENT FOR RELEASE OF SCHOOL INFORMATION
(Parents or Guardians are responsible for obtaining this information)

School Name Address

City State Zip Code Phone Number

Fax Number Guidance Counselor

Is authorized to provide a confidential report for:

Applicant Full Name DOB: MM/DD/YY

The following information requested will be use to assist the staff of the Virginia Commonwealth Challenge Youth Academy in evaluating and assessing the student's application and designing an individual education program for each student.

Grade transcripts
Standardized test records
Special Education evaluation
Immunization and health records
Withdrawal forms

Individual Education Plans (IEP) / 504 Plan
Tri-annual reviews
Social history

Parent/Guardian Signature _____ Date _____

Applicant Signature _____ Date _____

Challenge Program Authorization:
E. MARK CHICOINE
Captain, U.S. Navy (Retired)
Official Title: Director

Signature: Mark Chicoine

Virginia Commonwealth Challenge Youth Academy

APPLICANT LETTER OF RECOMMENDATION

APPLICANT'S NAME _____

I recommend the above named applicant to the Virginia Commonwealth Challenge Youth Academy. I understand the Academy is a 17 month (5 month residential/12 month post residential) program located at the State Military Reservation Virginia Beach, Virginia.

YOUR NAME _____ Phone _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____

Relationship to Applicant: _____

Please state below your reasons for recommending this applicant for the Virginia Commonwealth Challenge Youth Academy. (You must state a reason.)

Your Signature

Virginia Commonwealth Youth Challenge Academy

APPLICANT LETTER OF RECOMMENDATION

APPLICANT'S NAME _____

I recommend the above named individual to the Virginia Commonwealth Youth Challenge Academy. I understand the Academy is a 17-month (5 month residential/12 month post residential) program located at the State Military Reservation Virginia Beach, Virginia.

YOUR NAME _____ Phone _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP _____

Relationship to Applicant: _____

Please state below your reasons for recommending this applicant for the Virginia Commonwealth Challenge Youth Academy. (You must state a reason.)

Your Signature

Parent Contract/Authorization of Release

- 1) I _____ the custodial parent(s)/the Legal guardian(s) of _____, understand that effectiveness of the Commonwealth Challenge Youth Academy depends on a variety of factors. One of the most important factors is consistency of Parent/Guardian involvement in supporting the academy rules, regulations and policies of the Commonwealth Challenge Youth Academy, in particular those listed below.
- 2) I agree to keep all correspondence, mail, and telephone calls to my cadet positive in nature. I will refrain from making phone calls during the first two weeks of the program, unless a family emergency arises. If a family emergency does occur, I agree to first contact a challenge counselor before speaking to my cadet. Initial _____
- 3) I understand that the challenge staff will contact me in the event of the cadet's serious illness, accident or serious disciplinary action. I also understand that my cadet could be terminated, without prior notice, in certain circumstances. Initial _____
- 4) I agree not to make any attempt to engage with my cadet during field trips. Initial _____
- 5) Should I have a change in address or phone number, I will notify the academy of the changes within twenty-four hours. Initial _____
- 6) I understand that I am personally obligated to pick up and return my cadet for any and all home passes, dental or doctor appointments (regardless of cadet's age). I agree to be prompt concerning time schedules and deadlines when picking up or returning my cadet. I also acknowledge that I am responsible for picking up my cadet promptly in the event that he/she is terminated from the program. Initial _____
- 7) I give the following family members or persons designated below permission to pick up and return my son/daughter to and from the Commonwealth Challenge Youth Academy during their scheduled passes and other authorized absences. I fully understand that by giving the individuals listed below permission to escort my son/daughter to and from the Commonwealth Challenge Academy, I hereby release the state of Virginia, its officers, agent's, employees or successors, from any liability which may arise from my child being transported by the individuals listed below. I also understand that my son/ daughter will not be released to any other person not listed below.

Parent/Guardian Signature

Date

Name _____ Relationship _____

Cell Number _____

Name _____ Relationship _____

Cell Number _____

Virginia Commonwealth Challenge Youth Academy
Legal Information

Applicant's Name: _____

Please Note: We can't accept any applicant who has been convicted of a felony, or who is currently on a 'deferred entry of judgment'. The felony MUST be reduced to a misdemeanor or expunged before acceptance. You must have your probation officer sign this form. Any false or misleading information could result in denial or termination from the challenge academy.

1. Have you ever been arrested, apprehended, charged, cited, or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty? YES _____ NO _____

*** If your answer is "NO", sign and go to the next page. * 2. If your answer to question # 1 was "YES", please answer the following: What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH!**

Date / Nature of Offense or Violation / Law Enforcement Agency / Outcome

a. _____/_____/_____/_____
b. _____/_____/_____/_____
c. _____/_____/_____/_____
d. _____/_____/_____/_____

YOU MUST ATTACH ALL DOCUMENTS RELATING TO THE INCIDENT'S LISTED ABOVE (disposition summary of charges, minute orders, tickets, outcomes showing the status of charge (misdemeanor/felony)

3. Are you currently awaiting a hearing or sentencing? YES _____ NO _____

a. If you are awaiting a hearing or sentencing, what is the scheduled date? _____

4. Where will the hearing or sentencing take place? (city, county) _____

5. Are any of the above charges a felony? YES _____ NO _____

a. If "YES", which one(s): _____

6. Are you currently on probation? YES _____ NO _____ For how long? _____

a. Who is your probation officer: _____

b. What is your probation officer's phone number: _____

7. Are you currently doing community service? YES _____ NO _____

8. If yes, how many hours do you have pending? _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant: _____ Date _____

Signature of Probation Officer: _____ Date: _____

Print Name of Probation Officer: _____

Special Power of Attorney for the Authorization of Medical Care and Medical Expense Statement

Known all Men/Women by these presents:

That I _____, am a legal resident of _____, Virginia, and hereby appoint the Director and his designated Staff of the Commonwealth Challenge Youth Academy, located at the Virginia State Military Reservation, Virginia Beach, VA as my true and lawful attorney -in-fact to do the following in my name and on my behalf: Anything necessary to maintain (my Health) the health of my child _____. I want my attorney -in-fact to have the power to consent to any medical treatment needed for my child and to sign any papers needed to authorize those treatments. I want my attorney -in-fact to be able to do anything I could do if I were personally present. Anything my attorney-in-fact does to maintain my child's health (my health) will be the same as if I had done it myself. This is a durable power of attorney. It will stay in effect for 6 months after my child enters the program. This power of attorney will expire or become null and void if my child is terminated from the Challenge Academy or 6 months after my child enters the academy _____ day of _____ 20____.

I hereby grant permission to the Commonwealth Challenge Youth Academy to provide medical care for my son/ daughter. If my son/ daughter needs emergency medical attention due to an accident or injury, I hereby authorize the attending medical personnel at the emergency facility to provide whatever treatment is necessary, to include but not limited to X-rays, anesthesia, diagnostic procedures, medical procedures and any other interventions. In the event of an emergency illness or injury, I understand that a reasonable effort will be made to contact me. Reasonable effort means that I may not be contacted first, but will be contacted as soon as possible by the Challenge staff. **I understand that I am responsible for all co-payments, deductible and all non-covered charges for any hospital, urgent care visits, clinical testing, and medications.** I hereby grant permission for any of the Medical Staff, Security Officer III (Cadre) and Security Officer IV (Team Leader) in charge to dispense medication to my son/daughter.

IMMUNIZATIONS: Parents must provide their child's current/updated Immunization Record during pre-screening or in-processing. Your child will not be enrolled without these records. **TB skin test must be within one year of entrance to the class you are applying to.**

I/we further understand that we are responsible for providing all pertinent medications, prescriptions, and or doctors orders. All medications will be stored by Commonwealth Challenge medical staff and security officer IV'S (team leaders).

Our contract Medical Clinic is Patient Choice Oceana, 1232 Perimeter Parkway Suite 101, Virginia Beach, VA 23454 (757) 425-8590

I/WE DO I/WE DO NOT possess medical insurance for payments of any incurred medical costs. If insurance is in force please provide the following information. (include a copy, front and back, of medical card)

Insurance Company
Address
City State Zip Code
Policy Number

Place copy of medical card
Here

NOTARY SEAL

Sworn and subscribed before me, in my presence, this _____ day of _____ 20____ a Virginia Notary Public, in and for _____, County / City.

(Signature of Notary Public)

Parent/Guardian Signature

Applicant Signature

Parent Cell Number

**Virginia Commonwealth Challenge Youth Academy
Report of Medical History Form**

First Name, Last Name SSN

Address City State Zip Code

I am in Poor Health Fair Health Good Health Excellent Health

1. (Have you ever (please check all that apply):

- Lived with anyone who had tuberculosis.
- Coughed up blood.
- Bled excessively after injury or tooth extraction.
- Had Swollen or painful joints.
- Been a sleepwalker.

2. Do you (please check all that apply):

- Wear glasses or contacts?
- Have vision in both eyes?
- Wear a hearing aid?
- Stutter or stammer habitually?
- Wear a brace or back support?

3. Have you ever had or have now (please check all that apply):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Cramps in your legs | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Recurrent back pain |
| <input type="checkbox"/> Attempted suicide | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Eye trouble | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Frequent or severe headache | <input type="checkbox"/> Chronic cough | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> periods of unconsciousness |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Epilepsy (Seizures) |
| <input type="checkbox"/> Ear, nose, or throat trouble | <input type="checkbox"/> Frequent indigestion | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Foot Trouble |
| <input type="checkbox"/> Chronic or frequent colds | <input type="checkbox"/> Jaundice or hepatitis | <input type="checkbox"/> Head injury | <input type="checkbox"/> Rupture/ Hernia |
| <input type="checkbox"/> Severe tooth or gum trouble | <input type="checkbox"/> Broken bone | <input type="checkbox"/> Skin disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Pain or pressure in chest | <input type="checkbox"/> Piles or rectal disease | <input type="checkbox"/> Thyroid trouble | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Palpation or pounding heart | <input type="checkbox"/> Frequent/painful urination | 4. Are you (check one) | |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Right Handed? | |
| <input type="checkbox"/> Trick or locked knee | <input type="checkbox"/> Kidney stone/ blood urine | <input type="checkbox"/> Left Handed? | |
| <input type="checkbox"/> Car, train, sea or air sickness | <input type="checkbox"/> Sugar/albumin in urine | 5. FEMALES ONLY: Have you ever: | |
| <input type="checkbox"/> Stomach, liver or intestinal trouble | <input type="checkbox"/> VD-Syphilis, chlamydia | <input type="checkbox"/> Female Disorder | |
| <input type="checkbox"/> Gall bladder trouble or gallstones | <input type="checkbox"/> Loss of weight | <input type="checkbox"/> Change in Menstrual cycle | |
| <input type="checkbox"/> Adverse reaction to serum, or medicine | <input type="checkbox"/> Loss of finger or Toe | <input type="checkbox"/> Pregnant or pregnant now | |
| <input type="checkbox"/> Tumor , growth, cyst, cancer | <input type="checkbox"/> Loss of memory/amnesia | <input type="checkbox"/> Do you have a GYN exam | |

**Virginia Commonwealth Challenge Youth Academy
Report of Medical History Form**

First, Last Name

Are you currently using any prescribed medications? Yes _____ No _____. If yes, please list all medications, dose and time: If you have discontinued any psychiatric medication in the last 5 years, please list those as well, with dates, etc.

Medication	Mg	Dosage	Reason	Started/Ended

Are you allergic to any medications, foods, or other agents such as bee stings, ragweed etc.? Yes _____ No _____ if Yes, please list the agents and the way you react to them:

Allergen	Reactions	What medications if any did you take

Have you ever been a patient in a hospital? Yes _____ No _____ If yes, please list the date, hospital and reason.

Have you ever been an inpatient in a Mental Health Facility? Yes _____ No _____ If yes, please list the date, hospital and reason.

MM/YY	Hospital	Reason

Have you ever been treated for (Check all that apply):

- Mental Issues
 ADHD
 Bipolar
 Depression
 Conduct Disorder
 ODD
 OCD

Have you ever used (check all that apply):

- Marijuana
 Crack/ Cocaine
 Heroin
 Beer/ Wine / Liquor
 Tobacco Product

Have you ever been treated for alcohol /drugs? Explain treatment _____

Have you ever harmed your self by cutting, burning? Yes _____ No _____ When? _____

Have you ever attempted Suicide had suicidal or homicidal thoughts? Yes _____ No _____ If yes, when _____

Explain your treatment when and where _____

Do you have any dietary requirements? _____ Yes _____ No Explain: _____

I certify that I have reviewed the forgoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Commonwealth Challenge Youth Academy a complete transcript of my medical record for purposes of processing my application for acceptance into the Challenge Youth Academy.

Applicant signature _____ Date _____

Parent/Guardian signature _____ Date _____

**Virginia Commonwealth Challenge Youth Academy
Mentor Application**

SPECIAL INSTRUCTIONS FOR FINDING YOUR MENTOR APPLICANT(S)

Dear Youth Academy Applicant and Parent (s),

The Commonwealth Challenge Youth Academy is a 17 1/2-month program. The time spent living at the program site is called the residential phase. The 12 months after the cadet returns home is referred to as the post-residential or mentoring phase. During both of these phases the graduate is required to be in contact with his/her Mentor weekly, beginning as soon as the two are officially matched. All Cadets must have a Mentor. No exceptions will be made. Mentor criteria(s):

1. Must be the same gender as the youth.
2. Should be at least 21 years old.
3. Must NOT be a member of the family (including parents, in-laws, significant others of parents, siblings, etc.), nor a current or past resident of the same address.
4. Should live within a reasonable distance of where the youth will live during the post-residential phase. Reasonable distance is defined as the distance acceptable to both the Mentor and the youth.
5. Must consent to a criminal history background check. This check must be free of any sex crimes. It must also be free of felonies, alcohol or substance abuse within the last five years.
6. Must have a desire to volunteer some of their time for the youth and the program.

Prior to acceptance you must recruit ONE DEPENDABLE ADULT ROLE MODEL called a PRIMARY MENTOR that meets the criteria listed above, and that can attend the four-hour Mentor Training. This training is available yearly at scheduled times. It is the Applicant's responsibility to keep the Mentor informed about their acceptance status. **Primary Mentor Nominees must complete training on or before the first day of the class.** The youth does not need to know the adult but should do the "asking" for their help. The Mentor Brainstorm Worksheet which is located in the mentor application is provided for your use and has helped 9 out of 10 youth find dependable mentor nominee. We suggest the following as good sources for seeking a Mentor:

1. Ask retired adults from your community.
2. Ask at local churches for interested members.
3. Ask at local civic organizations (Lion's, Kiwanis, Rotary, Elk's, VFW, etc.).
4. Ask work associates, friends, or neighbors of immediate or extended family members.
5. Ask your community protectors such as firemen and police officers.
6. Ask National Guard members from your community.

Experience has shown that recommending adults whose primary responsibilities involve mentoring such as school teachers, counselors, coaches, ROTC leaders, military recruiters, as well as pastors do not have time and energy for additional mentoring duties, or they may have conflicting interests. Please discuss thoroughly the Challenge Academy's 17 1/2 month mentoring program with them before asking them to be a mentor. If you have any questions regarding any of the Mentor Application forms, or the mentoring program, feel free to contact us.

Sincerely,
Mentor Coordinator
(757) 491-5932, Ext 240, 250

**Virginia Commonwealth Challenge Youth Academy
Child Care Authorization**

We, the undersigned parents or guardians, _____, of _____, _____
city, state, zip code

hereby grant The Commonwealth Challenge Youth Academy, of 253 C Street Camp Pendleton, Virginia Beach, VA 23451, the authority to take temporary care of the below described Minor: _____. This grant of temporary authority shall begin on _____, and shall remain effective through _____ or sooner if the parents wish to withdraw their son/daughter from the Commonwealth Challenge Youth Academy.

The Commonwealth Challenge Youth Academy shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to medical doctor and or hospital visits
- _ make appropriate decisions regarding clothing, bodily nourishment or food, and shelter
- _ sign and release forms for sports
- _ signed release forms for field trips in and out of the state of Virginia

Parent/Guardian Signature

NOTARY SEAL

sworn and subscribed before me, in my presence, this _____ day of _____, 20_____
A Virginia Notary Public, in and for _____, county/city

Signature of Notary Public

Commonwealth Challenge Youth Academy **Immunization Requirements for Entry:**

Commonwealth Challenge is a **State Residential Facility** with requirements that may go beyond what is normally required for school. Under Code of Virginia 16.1-309.9 and other applicable laws, all immunizations and/or tests must be current.

(A) Basic Series (baby shots)DPT / OPV

A series of three shots and Oral Polio given during infancy and early childhood, at least one dose each after age 4.

Measles-Mumps & Rubella(MMR)

Two in a series, one in infancy one in early school age

Haemophilis Influenza type b.....(Hib)

At least one dose, usually two before age 5 years

The next group is usually given in early teens and older

2. (A) Hepatitis B Vaccine Series..... (Hep-B)

Given in a series of three, spread out over 4 months unless, Merck Brand (Recombivax HB) is used and documented as such

(B) Diphtheria/Tetanus Booster.....(Tdap, D.T, or Td)

With or without pertussis, must have been given with-in the past 10 Years. This shot may be recorded any 3 ways noted above.

(C) Tuberculosis Skin Test.....(T.B. or PPD)

This program requires the actual skin test, "NOT" the questionnaire Test must have been done within the past 12 months.

Challenge is considered a residential congregate facility

****Meningitis vaccine is recommended but not required**

*****Annual Flu vaccine is highly recommended, when available**

I acknowledge that my son or daughter has had all his/her shots and the records are up to date

Parent Signature

Art Therapy Confidentiality and Permission Agreement for the Reproduction and Use of Cadet Artwork

Cadet Name: _____

Date: _____

I/we acknowledge that I/we have been fully informed regarding the reproduction and use of cadet artwork and I give Eileen Douglas, MS, LPC, ATR-BC (Art Therapist) permission to:

1. Photograph the artwork
2. Duplicate the artwork
3. Display the artwork
4. Videotape art therapy sessions
5. Audio record art therapy sessions
6. Use the artwork for educational, research, or assessment purposes, publication, and public presentations
7. Use the session dialogue for educational, research, or assessment purposes, publication, and public presentations
8. Use the artwork on the Internet (web based publications)
9. Other similar uses of the artwork

The undersigned understand that in all cases, Eileen Douglas, MS, LPC, ATR-BC will take reasonable steps to protect student identity and disguise any part of the artwork, videotape, or audio recording that reveals cadet identity.

If at any time the cadet or the cadet's parent/guardian choose to withdraw permission for Eileen Douglas, MS, LPC, ATR-BC to reproduce or use cadet artwork, the cadet and/or cadet's parent will contact Eileen Douglas, MS, LPC, ATR-BC in writing and the cadet and/or cadet's parent/guardian's request will be honored immediately upon receipt by Eileen Douglas, MS, LPC, ATR-BC of the written withdrawal of permission for reproduction and use of cadet artwork. The undersigned understand that written withdrawal of permission agreement for the reproduction and use of cadet artwork will only apply to artwork produced after the time of receipt of written withdrawal of permission by Eileen Douglas, MS, LPC, ATR-BC; in all cases the permission to reproduce and use cadet artwork shall continue to apply to artwork produced prior to the time of receipt of withdrawal of permission to reproduce and use cadet artwork.

The undersigned hereby release and discharge Eileen Douglas, MS, LPC, ATR-BC and commonwealth challenge youth academy from any and all liability, claim, or damage related to the reproduction and use of cadet artwork pursuant to this art therapy confidentiality and permission agreement for the reproduction and use of cadet artwork and further indemnify and hold harmless Eileen Douglas, MS, LPC, ATR-BC from any liability, claim, or damage from any such reproduction and use of cadet artwork pursuant to this art therapy confidentiality and permission agreement for the reproduction and use of cadet artwork.

The undersigned consent to the above release of artwork and information and agree to the terms.

Parent/Guardian Signature: _____ Date: _____

Cadet's Signature: _____ Date: _____

Art Therapist's Signature: _____ Date: _____

Explanation of Art Therapy Services

- Art Therapy is a mental health profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.¹
- Eileen Douglas, MS, LPC, ATR-BC is a Board Certified Art Therapist registered with the American Art Therapy Association and a Licensed Professional Counselor.

At Commonwealth ChalleNGe Youth Academy, cadets will participate in weekly group art therapy sessions aimed at promoting self-awareness and positive coping skills within a structured environment. Cadets assigned to Ms. Douglas will also participate in individual art therapy sessions as needed. Ms. Douglas will refer cadets to off-site mental health services when deemed necessary and appropriate.

The Art Therapy Program at Commonwealth ChalleNGe Youth Academy focuses on the following themes over the 22-week residential phase:

- Emotional Awareness and Management
- Adjusting to ChalleNGe
- Communication
- Interpersonal Relationships
- Preparing for life outside of ChalleNGe
- Acknowledging and building personal strengths
- Goal Setting

Artwork will be kept in portfolios securely stored in the resource center. Cadets maintain the right to save or discard their artwork at the end of the residential phase. During the 22-week program, cadets may elect to have their artwork put on display. In order to display artwork, cadets and their parents/guardians must fill out the release located on the following page. The release also offers consent for cadet artwork to be used for research, educational, and assessment purposes. This includes, but is not limited to, display of artwork on the Commonwealth ChalleNGe website and Facebook page, publications about ChalleNGe, and research, presentations, and publications by Ms. Douglas.

Consent for Release of Information

I, _____, hereby give consent to:
(Parent or Guardian of Applicant)

(Provider of Information's Name) (Address)

to release information concerning _____
(Applicant's Name)

to the Virginia National Guard Commonwealth Challenge Youth Academy located at 253 C Street, Camp Pendleton, Virginia Beach, VA 23451.

TYPE OF INFORMATION:

Medical (Specify) _____

Mental Health (Specify) _____

Education (Specify) _____

Other: _____

I understand that I have the right to inspect and copy the information disclosed, except under certain circumstances where information was received under a promise of confidentiality.

I understand that I have the right to revoke this consent at any time by notifying the Provider of Information in writing.

(Parent or Guardian's Name)

(Date)

(Parent or Guardian's Signature)

(Date)

Medication Agreement

The mission of Commonwealth ChalleNGe Youth Academy is to intervene in the lives of 16-18 year old teenagers by providing the values, skills, education, and self-discipline needed to produce responsible, productive citizens, and to do so in a highly structured learning environment. A major factor in creating responsible, productive cadets is maintaining a stable environment by following Commonwealth ChalleNGe policies and procedures and maintaining a positive and healthy routine. Any cadet actively prescribed a medication during in-processing agrees to continue taking their medication as prescribed during the duration of the 22-week residential phase. Ceasing medication without medical oversight by the prescribing physician may cause serious personal safety issues due to possible emotional, behavioral, and physical side-effects, all of which may negatively impact the cadet's ability to complete the mission of Commonwealth ChalleNGe.

All cadets maintain the right to have a medication evaluation by the prescribing physician, in which case the parent or guardian of the cadet will contact ChalleNGe directly and request an evaluation. It is up to the parent or guardian of the cadet to schedule an appointment with their prescribing physician for a medication evaluation, and the cadet agrees to continue taking their medication as prescribed until a written letter from their mental health provider has been received by Commonwealth ChalleNGe Youth Academy.

As the Parent/Guardian of _____ I have read and Agree to Commonwealth ChalleNGe's request to maintain any of my cadet's prescribed medications. I understand that if my cadet ceases to take their medication without requesting a medication evaluation and an incident occurs in which my cadet and/or someone else is at risk of being harmed or is harmed, Commonwealth ChalleNGe will respond with the appropriate consequences.

Parent/Guardian Signature

Date

I _____ have read and agree to Commonwealth ChalleNGe's request to take my medications as prescribed during the course of the 22-week residential phase. I understand the importance of taking my medications on a regular basis and agree to request a medication evaluation by my prescribing physician if I desire to discontinue or change my medication requirements.

Cadet Signature

Date