



# Wisconsin Challenge Academy

www.challengeacademy.org

749 East 12th Avenue  
Fort McCoy, WI 54656-5248  
(608) 269-4605  
FAX : (608) 269-9001  
challenge@wisconsin.gov

## Applicant Information

**Name**     **Social Security Number**

Last First Middle

**Address**  **Home Phone**

Number and Street

**Cell Phone**

City State Zip Code County

**Active Email Address**  **Who do you currently live with?**

**Date of Birth**  **Age**  **Sex**  Male  Female **Height**  **Weight**  **Hair Color**  **Eye Color**  **US Citizen**  Yes  No

MM / DD / YYYY

**Ethnicity - Hispanic/Latino**  Yes  No **Race (please mark all that apply)**  American Indian  Asian  Black  Native Hawaiian  White

## Family Information

**Married**  Yes  No **Applicant Do you have any children?**  Yes  No If yes, how many?  **Number of people living in Applicants household**

**Family Income**  Less than \$15,000  \$15,000 - \$25,000  \$25,000 - \$35,000  \$35,000 - \$45,000  Greater than \$45,000

**Do you have medical insurance? (this is a program requirement)**  Yes  No

## Legal Information \*Applicants must provide copies 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 Department of Corrections adult probation?**  Yes  No If yes, for what?

**Are you scheduled for any court dates?**  Yes  No If yes, when?

**Are you under supervision of a social worker/juvenile probation officer?**  Yes  No If yes, for what?

**Social Worker/Juvenile Probation Officer information**

Name County

Office Phone Number Cell Phone Number Email address

## How did you hear about Challenge Academy? (please check all that apply)

- Court Staff  Graduated Cadet/Cadet's Family  YouTube/Facebook/Twitter etc  Medical/Mental Health Staff
- Social Worker  School Staff  TV/Radio Commercial  Other

Parent/Legal Guardian

**Name** **Relationship to Applicant**

Last First Middle

**Address** **Home Phone**

Number and Street

City State Zip Code County

**Active Email Address** **Cell Phone**

**Date of Birth** **Sex** **Drivers License**

Male  Female

MM / DD / YYYY State Number

Parent/Legal Guardian

**Name** **Relationship to Applicant**

Last First Middle

**Address** **Home Phone**

Number and Street

City State Zip Code County

**Active Email Address** **Cell Phone**

**Date of Birth** **Sex** **Drivers License**

Male  Female

MM / DD / YYYY State Number

Emergency Contact (other than legal guardian)

**Name** **Relationship to Applicant**

Last First Middle

**Home Phone** **Cell Phone** **Work Phone**

Authorized by legal guardian for pick up?

Yes  No

Current School Status

Traditional High School  Alternative High School  Dropout  Home Schooled  Expelled  Other

**Based upon your current address, what High School should you attend?** **Individual Education Plan (IEP)**

Yes  No

What traditional Public High School is assigned to your address?

**School hot lunch**

I am eligible for free hot lunch  I am eligible for reduced hot lunch  I am not eligible for free or reduced hot lunch

I/We certify that all statements made on this application are truthful. False statements made from the below signed individual(s) are grounds for non-acceptance or release from the Challenge Academy.

**Applicant's Signature** **Date** **Parent/Legal Guardian's Signature** **Date**

Required if applicant is under 18 years of age



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## Admission Packet Cover Letter

To the Parents and/or Legal 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. The 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.

Thanks again for requesting a Challenge Academy application package. Should your youth apply to our program, we 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 the Admissions Department at (608) 269-4605. For more information regarding the program itself, please consult our website at [www.challengeacademy.org](http://www.challengeacademy.org).

Sincerely,

The Admissions Department



## The Application Process

Applications go through the following stages. You may send in required documentation at any time during the first two stages.

Preferred - Email: [challenge@wisconsin.gov](mailto:challenge@wisconsin.gov) or Fax: (608)269-9001

Mail to: CHALLENGE ACADEMY  
ATTN: ADMISSIONS  
749 EAST 12TH AVE  
FT. MCCOY, WI 54656

### 1. Interest Stage.

- a. Fill out initial 2 page application. (pgs 1 & 2)
- b. Complete Background Interview. (we will call or you can call)
- c. Schedule and attend Orientation.

### 2. Application Stage.

- a. Call and complete Post-Orientation Interview.
- b. Work with your admissions counselor to complete rest of application.

### 3. Review Stage.

- a. Your completed packet is submitted for review by the Selection Panel.
- b. Selection Panel either accepts, requests additional information, or defers application for consideration for a future class.

Review will include consideration of whether you meet eligibility requirements, application completeness, date of application submittal, and staff determination of 'fit' for the program.

### 4. Acceptance Stage.

- a. You will receive a Conditional Acceptance Letter/Email and Acceptance Packet.
- b. You will begin to be contacted by the Senior Team Leader of the Platoon you will be assigned to.

### 5. Reporting Stage.

- a. You will receive reporting instructions detailing date/time/location to report.
- b. Report as indicated in your instructions.
  - i. A file review will occur to determine final eligibility based upon any changes in medical or legal status.
  - ii. Complete in-processing and start your journey towards your future!



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## Required Material Checklist

### General Instructions

Please complete all forms from the checklists below and return them to the Challenge Academy as soon as possible. Mail, fax, or email all documents to the following:

Mail To: CHALLENGE ACADEMY  
ATTN: ADMISSIONS  
749 EAST 12TH AVE  
FT. MCCOY, WI 54656-5248

Fax To: (608) 269-9001

Email To: [challenge@wisconsin.gov](mailto:challenge@wisconsin.gov)

### From the Family/Applicant

- Consent Forms
  - Certificate of Understanding
  - General Release
  - US Army Rock Wall Release
  - Speed's Bike Shop
- Report of Medical History & Consent for Medical Care
- Medication Administration Consent/Order Form
- Physical Exam Form
- Copy of Social Security Card
- Copy of Birth Certificate
- Copy of Medical Insurance Card/s (front and Back)
- Court Documentation of Sole Custody, Dispositions & Consent Decrees (if applicable)

### From the School

- School Verification Form
- School Transcript
- Immunization Record
- Current and Previous Year Attendance Records
- Individualized Education Plan (IEP) with Psychological Evaluation (if applicable)

### 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 is included in the enclosed Mentor Application. Please give the Mentor Application to a potential mentor and have them send their completed Application to the Challenge Academy. If another Mentor Application is needed, please contact the Admissions Department at (608) 269-4605 to request another. More information can also be found on the Challenge Academy website at [www.challengeacademy.org](http://www.challengeacademy.org)

#### From the Mentor

- Completed Mentor Application
- Verification/Proof of Automobile Insurance
- Two Completed Reference Forms



## Certificate of Understanding

### Applicant's 18 years of age

I, \_\_\_\_\_, Applicant/Candidate certify that I understand and agree to the following:  
*Applicant name (first and last)*

1. Eligibility Certification. I agree that I meet the following eligibility requirements:
  - a. I am 18 years of age.
  - b. I have dropped out of, been expelled from or am over a year behind in credits in high school.
  - c. I am a citizen or legal resident of the United States and a legal resident of the state of Wisconsin.
  - d. I am unemployed or underemployed.
  - e. I am not currently on parole or probation for other than juvenile status offenses, not awaiting sentencing, and not under indictment for or accused or convicted of a felony.
  - f. I am free from the use of illegal drugs or substances.
  - g. I am physically and mentally capable to participate in the program with or without reasonable accommodations.
2. Medical Screening. I understand that I must pass a medical screening and may be denied enrollment if found unfit for the Academy program.
3. Drug Testing. I understand that I will and consent to be subject to scheduled and random drug screening during the program.
  - a. I consent to scheduled and random drug screening to determine eligibility and continued eligibility and to ensure that I remain DRUG FREE.
  - b. If my screen results are positive for any illegal drug or substance or I refuse to submit to a drug screening upon request by the Academy staff during the course of the program, I understand and agree that I may be immediately dis-enrolled from the Academy.
4. Dismissal. I understand and agree that if I am dis-enrolled from the Academy for any reason I will secure my own transportation to leave Fort McCoy.
5. Transportation. I authorize the Academy to transport me as a passenger in designated National Guard ground and/or air vehicles during my participation in the Academy.
  - a. I accept such transportation entirely at my own initiative, risk, and responsibility.
  - b. I understand and agree that, if necessary due to medical, dental, disciplinary, or other reasons, the Director of the Academy may return me to my home by commercial or private carrier and that I will be responsible for payment for such transportation.

Applicant's Name

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEASE OF LIABILITY. I UNDERSTAND AND AGREE TO ASSUME ALL RISKS ARISING FROM MY PARTICIPATION IN THE ACADEMY PROGRAM AND TO ASSUME LIABILITY FOR ME, WITHOUT REGARD TO FAULT BASED ON NEGLIGENT AND/OR INTENTIONAL CONDUCT OF ANY PERSON, WHILE PARTICIPATING IN THE ACADEMY'S PROGRAM . I FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE STATE OF WISCONSIN AND ITS EMPLOYEES, OFFICIALS AND AGENTS FOR ANY INJURY OR ILLNESS I MAY EXPERIENCE WHILE PARTICIPATING IN THE PROGRAM. I HAVE READ THIS PARAGRAPH AND UNDERSTAND AND AGREE TO ITS CONTENTS.**

Applicant's Name

Applicant's Signature

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Authorization to Obtain and Release Information

### General Release

I agree as follows:

#### 1. Authorization to Obtain Information

I authorize the Wisconsin National Guard Challenge Academy to obtain and/or release any and all information about me from any private or public institution. This information will generally be used to evaluate me for and assist me in participation in the Challenge Academy Program, as well as foster post-Program success and needs. The information that may be obtained or released includes but is not limited to transcripts, education records, GED scores, CESA 4 records, Armed Services Vocational Aptitude Battery records, medical records and mental health records.

#### 2. Personal Information Release

- a. I authorize the Wisconsin National Guard Challenge Academy to release my name, address and telephone number to an institution or individual, whether public or private, for the purpose of advocating, supporting, and furthering the mission of the Academy.
- b. I further authorize the Academy to release said information as deemed necessary for the purpose of membership on a foundation to benefit the Academy, letter-writing campaigns, and class reunions.
- c. I 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 individual.

#### 3. Photo/Media Release

- a. I, the undersigned, understand the Wisconsin National Guard Challenge Academy is and will be developing photographic and multimedia materials, which will illustrate the activities of the Academy.
- b. I 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 me, 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.
- c. I further agree and consent that I 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.

#### 4. Academic Services

- a. I, the undersigned, understand the Wisconsin National Guard Challenge Academy provides every candidate/cadet with intensive support to achieve the performance goals for each of the program's eight core components.
- b. 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.
- c. I hereby acknowledge and accept the academic services as provided within the scope of the Challenge Academy program.

Applicant's Signature

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		



## **PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK**

In consideration of the services of Speed's Properties LLC ("Speed's"), their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in capacity of their behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that bicycling entails known and unanticipated risks which could result in personal injury and property damage to myself or to others. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: collision with other bicycles, the fixed objects, falling from a bicycle, my own equipment failure or the failure of other bicyclist's equipment, my own or another party's negligence and road hazards which may cause an accident resulting in personal injury or property injury to me or other parties.
2. I expressly agree and promise to accept and assume all of the risk existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever, forever discharge, and agree to indemnify and hold harmless Speed's from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Speed's equipment or facilities including such claims which allege negligent acts or omissions of Speed's.
4. I certify that I have adequate insurance to cover any injury or damage to myself or other parties that I may cause or suffer while bicycling, or if I do not have such insurance I agree to hold Speed's harmless for any such injury to the person or property of myself or others. I further certify that I have no medical or physical conditions which interfere with my ability to safely operate a bicycle.
5. I agree that any action brought by myself against Speed's for personal and/or property damages shall be brought in the Circuit Court for Monroe County, Wisconsin and that the laws of the State of Wisconsin shall govern any claim brought against Speed's for personal or property damages.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

**By signing this document, I agree to waive and release Speed's from any and all liability for damages that I may suffer that occur as a result of bicycling using Speed's equipment.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

**FOR THOSE 18 YEARS OF AGE OR OLDER:**

Signature of Participant \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S CONSENT (Must be completed for all participants under the age of 18)**

I consent to my minor child(ren) using Speed's equipment and facilities and agree to be bound by the terms and conditions of the waiver and release stated above. I further agree to indemnify" and hold harmless Speed's from any & all claims which may be brought by, or on behalf of minor, and which are in any way connected with such use or participation by said minor.

Signature of Parent or Guardian \_\_\_\_\_

Print Name of Parent or Guardian \_\_\_\_\_

Print Name(s) of Minor Child(ren) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_



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## Self Report of Medical History

The information on this page is for official and medically confidential use only and will not be released to unauthorized persons.

Applicant's Name

Social Security Number

Parent/Legal Guardian's Name

### Allergy and Medication

#### Applicant

Do you have any drug allergies?

Yes  No

If yes, list them here

#### Applicant

Do you have any food allergies?

Yes  No

If yes, list them here

#### Applicant

Are you on any medication?

Yes  No

Medication Name	Dosage	Time of day
If yes, list them here		

Do you have or have you ever experienced the following? \*Check each item and give an explanation in the space provided on the next page.

- |                         |  |  |  |
|-------------------------|--|--|--|
| 1. Heart trouble        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Car, train, sea, or air sickness           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Broken bones         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Frequent trouble sleeping                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Tuberculosis         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Depression or excessive worry              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Recurrent back pain  | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Loss of memory or amnesia                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Rupture / Hernia     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Nervous trouble of any sort                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Epilepsy or fits     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Periods of unconsciousness                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Color Blindness      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. VD- Syphilis, gonorrhea, etc.              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Skin diseases        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Arthritis, Rheumatism or Bursitis          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Thyroid trouble      | <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Bone, joint or other deformity             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Anorexia or Bulimia | <input type="checkbox"/> Yes <input type="checkbox"/> No | 29. Frequent or severe headache                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Asthma              | <input type="checkbox"/> Yes <input type="checkbox"/> No | 30. Ear, nose, or throat trouble               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Head Injury         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 31. Scarlet Fever or Erysipelas                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Foot trouble        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 32. Swollen or painful joints                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Eye trouble         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 33. "Trick" or locked knee                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Diabetes            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 34. Bed wetting since age 12                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Hearing loss        | <input type="checkbox"/> Yes <input type="checkbox"/> No | 35. Chicken Pox                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Lameness            | <input type="checkbox"/> Yes <input type="checkbox"/> No | 36. Been treated for a mental condition        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Hay Fever           | <input type="checkbox"/> Yes <input type="checkbox"/> No | 37. Been a patient in any type of hospital     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Sinusitis           | <input type="checkbox"/> Yes <input type="checkbox"/> No | 38. Any illness other than those already noted | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Questions \*Check each item and give an explanation in the space provided on the next page.

#### Do you?

39. Wear glasses or contact lenses?  Yes  No
40. Have Vision in both eyes?  Yes  No
41. Wear a brace or back support?  Yes  No
42. Wear a hearing aid?  Yes  No

#### Have you ever?

43. Lived with anyone who had tuberculosis  Yes  No
44. Coughed up blood  Yes  No
45. Attempted suicide  Yes  No
46. Been a Sleepwalker  Yes  No

Females Only \*Check each item and give an explanation in the space provided on the next page.

47. Treated for a female disorder  Yes  No
48. Had a change in your menstrual cycle  Yes  No

Explanations from Medical History Questionnaire (please write the number and the explanation for each item marked "yes")

Medical and Dental Insurance (Please include a copy of all insurance cards (fronts and backs) with this application)

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

**Medical**

**Dental**

Name of Medical Card Holder  Date of Birth   
MM / DD / YYYY

Name of Dental Card Holder  Date of Birth   
MM / DD / YYYY

Name of Employer

Name of Employer

Social Security Number of Card Holder

Social Security Number of Card Holder

Name of Medical Insurance Company

Name of Dental Insurance Company

Medical Insurance Company Address

Dental Insurance Company Address

Medical Insurance Company Telephone Number

Dental Insurance Company Telephone Number

Policy Number

Policy Number

Legal Guardian's Name (if not the carholder)  Date of Birth   
MM / DD / YYYY

Legal Guardian's Social Security Number (if not the cardholder)

I, the parent/legal guardian of Applicant , who is enrolled in the Wisconsin National Guard Challenge Academy at Fort McCoy, Wisconsin being responsible for the above named Applicant'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. All medications must be approved and handled through the medical department prior to being administered to the Applicant.

Applicant's Signature  Date

Parent/Legal Guardian's Signature  Date

Required if applicant is 18 or older

Required if applicant is under 18 years of age



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## Physical And Medication Consent Cover Letter

\*Physical and medication consent forms can be submitted separately

For: Medical Providers

Subject: Sports Physical for Participation in the Wisconsin National Guard Challenge Academy

The purpose of this cover letter is to familiarize you with the Wisconsin National Guard Challenge Academy. We are a 22 week residential quasi-military based academic program for at risk youth between 16 years and 19 years old. Our program is based upon the Army Basic Training model with a heavy emphasis on academics, but there is also a rigorous physical component as well. Physical limitations are not a factor in our selection process but we do need to be made aware of any pre-existing conditions that will limit the Applicant's participation in the physical component of our program. Physical activities include, but are not limited to: Calisthenics, push-ups, chin-ups, sit-ups, running up to 5 miles (built up slowly, road marching with 25lbs ruck-sack up to 12 miles (also built up slowly. Applicants will take the Presidential Physical Fitness Test weekly and participate in 1 hour of physical training daily.

During your examination please document any physical limitations requiring us to adjust training due to health reasons for the safety of individual candidates. If you have any specific questions please feel free to contact me at 608 343-1901 or via e-mail at ted.moskonas@wisconsin.gov .

Theodore D. Moskonas  
RN, BSN  
Challenge Academy Medic



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## Medication Administration Consent/Order Form

Applicants who will take prescribed medications while attending the Challenge Academy must have this form filled out by their physician.  
\*note: for all prescription medications, both the physician's order and Parent/Applicant consent portions must be complete

Applicant's Name	Date of Birth	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>MM / DD / YYYY</small>	
Medication Allergies		
<input type="text"/>		

Physician's Order: I verify that the above Applicant is under my care and the medications are authorized for administration at the WI National Guard Challenge Academy.

Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>
Medication and Strength	Dose	Time*	Diagnosis/Reason/Date Started
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 0800 <input type="checkbox"/> 1200 <input type="checkbox"/> 1700 <input type="checkbox"/> 2100	<input type="text"/>

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

Physician's Name	Physician's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Additional Information	
<input type="text"/>	<input type="text"/>	

### Parent/Legal Guardian/Applicant 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.

Applicant's Signature	Date	Parent/Legal Guardian's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Required for any psychotropic medications if Candidate is over 14 yrs of age or any medication if 18 yrs of age or older

Required if applicant is under 18 years of age



# Wisconsin Challenge Academy

www.challengeacademy.org

749 East 12th Avenue  
Fort McCoy, WI 54656-5248  
(608) 269-4605  
FAX : (608) 269-9001  
challenge@wisconsin.gov

## Physical Exam Form

To be completed by a Physician

Applicant's Name

Date of Birth

MM / DD / YYYY

Date of Last Exam

MM / DD / YYYY

Height

Weight

Corrected Vision

R  /

Uncorrected Vision

R  /

Pulse

Blood Pressure

L  /

L  /

	Normal	Abnormal findings	Initials
1. Eyes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
2. Ears, Nose, Throat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
3. Mouth & Teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
4. Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
5. Cardiovascular	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
6. Chest & Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
7. Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
8. Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
9. Genitalia-Hernia (male)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
10. Musculoskeletal: ROM, strength, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
a. neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
b. spine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
c. shoulders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
d. arms/ hands	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
e. hips	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
f. thighs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
g. knees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
h. ankles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
i. feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
11. Neuromuscular	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

Participation Restrictions

Physician's Name

Address

Telephone Number

Number and Street

City

State

Zip Code

I certify that I have examined this patient and found him/her medically qualified to participate in the Wisconsin Challenge Academy. I also certify that I am a licensed medical physician, physician's assistant, or family nurse practitioner. (Doctor of Chiropractic Medicine is not satisfactory)

Physician's Signature

Date



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\*Please Take This Document To Your High School Guidance Office

For: High School Administrators and Staff

Subject: Challenge Academy Application

A potential candidate from your district expressed a desire to attend our program. In order to assess his/her educational status, please fill out the attached form.

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.

This is only a brief description of our program. For more details, please feel free to visit our website at [www.challengeacademy.org](http://www.challengeacademy.org)

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

Wisconsin Challenge Academy  
Admissions Department





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## High School Verification Form

Please complete this form and return it to the Wisconsin Challenge Academy.

Applicant's Name _____		Date of Birth _____	
WISE ID# _____	Has Student taken ACT?	Yes	No
Current Grade	Total Credits Earned	Credits Required to Graduate	Does the student have an IEP?
			Yes
			No
Does the student attend via open enrollment?	Yes	No	
If yes, what is the school district of residence? _____			

School Administrator Information		
High School Name _____	Telephone Number _____	
Name of Person Completing Form _____	Title _____	Date _____
Email Address _____	Signature _____	

Student is At-Risk of not graduating from High School due to one of the following:

- Expelled
- Dropped out
- Student is now Home-Schooled and no longer attending

Or two of the following:

- Habitual Truant (Wis. Stat. 118.16(1)(a))
- Over 1 year behind in credits
- Over 2 years behind in basic skills Adjudicated
- Adjudicated Delinquent
- Parents

None of the above applies

<p><b>Additional Documents Required</b></p> <ul style="list-style-type: none"> <li>Current High School Transcript</li> <li>Immunization Record</li> <li>Current and previous year Attendance Records</li> <li>Individualized Education Plan (IEP) (if applicable)</li> </ul>
--



## Special Instructions for Finding Your Mentor

### Parents/Legal Guardians and Applicants,

Part of the application process for the Wisconsin Challenge Academy is to find an adult within your community that is willing to be a mentor for the Applicant while they are in the 17 months of the program (22 week Residential Phase and 12 Month Post-Residential Phase). A mentor is an adult who provides support, encouragement, counsel, friendship, reinforcement, and a constructive example to the youth that they are committed to working with.

Mentors must be at least 21 years of age, the same gender as the youth, and not living in the same household. Immediate family members may not be the mentor. It is not necessary for the Applicant to personally know the mentor. Mentors come from many sources within the community where the youth lives and have wide and varied backgrounds. Past Mentors have included teachers, counselors, factory workers, ministers, police officers, judges, retired men and women, social workers, little league coaches, neighbors, and the list goes on and on. The qualifications for the mentor are listed below.

### Mentor Qualifications

1. Must be at least 21 years of age
2. Same sex as the youth being mentored
3. Must NOT be a member of the immediate family (The definition of immediate family or household member includes anyone who has been the Applicant's primary caregiver or has lived with the Applicant. It is possible for a distant relative to be an Applicant's mentor if he or she is not the primary caregiver and has not lived with the Applicant, as long as the individual meets all of the other requirements.)
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 (Background checks must be free of any sex offender convictions and must also be free of felonies, alcohol, or substance abuse convictions within the last 5 years.)
6. Must have a desire to volunteer some of their time for the youth and the program

When talking with potential mentors it is helpful to inform them of what they will need to do as a mentor. Mentors will visit with their Cadets (what the Applicant is called during the program) approximately two times (both are all day events with weekend availability) while the Cadet is in the 22 week Residential Phase at Fort McCoy. During the Post-Residential Phase, the mentor must have a minimum of 4 units of contact per month with his/her Cadet and is required to do one "Service to Community" project each quarter (once every 3 months). The mentor will also report monthly to the Challenge Academy, providing information on the Cadet's status/progress.

The youth does not need to know the adult, but should do the "asking" for their help. The Mentor Brainstorm Worksheet is provided on the next page for your use and has helped 9 out of 10 youth find a dependable mentor nominee. Another option is to post on the WI Challenge Academy Facebook page that you are searching for a mentor in your community. Below is a generic example that you can modify and use.

"My son/daughter is looking to attend the Challenge Academy. We are searching for a possible mentor in the city name area that would be willing to meet with us and discuss the possibility of being a mentor for the next class. Please message me if you are interested in this life changing opportunity."

Mentor applications can be submitted separate from the Cadet application. It is important to take the time to find a qualified and committed mentor. In order to be considered for Acceptance to the Challenge Academy, Applicants must have submitted all application materials, including their mentor application.



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## Mentor Brainstorming Worksheet

\*This form is for your use only... Do not turn in

This worksheet is designed to assist in finding the right mentor. Simply fill in the blanks below with people that you are familiar with in each category. Once you have finished, discuss the answers with your parents or Challenge Academy staff. Decide your top choices and contact them.

### Mentor Eligibility

- Same sex as Applicant
- 21 years of age or older
- Not living in the same household
- Not a family member
- Lives reasonably close

#### Dad's Friends


#### Mom's Friends


#### Brother's Friends


#### Sister's Friends


#### Friends' Parents


#### Former Employers


#### Church Members


#### Neighbors


#### Neighbors' friends and family


#### Social Acquaintances


#### Holiday Card List


#### Community Leaders


#### Fire Fighters, Police Officers, Nurses, Doctors...


#### Past or Current Teachers


#### Civic Organizations


#### Counselors at School


#### Uncle's Friends


#### Aunt's Friends


#### Cousin's Friends


#### Former Cadet's Parents


Post something similar to this on our WI Challenge Academy Facebook page:

"My son/daughter is/I am looking to attend the Challenge Academy. We are/I am searching for a possible mentor in the city name area that would be willing to meet with us/me and discuss the possibility of being a mentor for the next class. Please message me if you are interested in this life changing opportunity."



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## Mentor Information and Application

Thank you for considering being a mentor for a Wisconsin Challenge Academy Applicant. The Challenge Academy is a unique opportunity for a young person who has dropped out, is expelled, or is struggling in High School. It truly is a "second chance" to turn a life around. A very important part of this program is the involvement of mentors like you. When a candidate has a mentor who is committed to helping them succeed, he or she is much more likely to finish the program and return to his/her community as a productive citizen. We know that your time is precious, but this opportunity can be life changing for both of you. Below we have tried to cover some of the basic questions that you may have about the program and what is involved in mentoring with the Challenge Academy.

### Our Mission

To offer our Cadets the opportunity to develop the strength of character and the life skills necessary to become successful, responsible citizens.

### What is the Challenge Academy?

The Challenge Academy is a 17-month program for youth ages 16 - 18 years old who are at-risk of not graduating from High School. The first 22 weeks of the program (Residential Phase) 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 a variety of daily activities to include classroom instruction preparing for HSED testing, character development classes, service to community, and leadership opportunities.

Following graduation, in the Post-Residential Phase, graduates of the program continue to sustain and build on the progress made during the Residential Phase with the help of their mentor. Cadets are assisted by their mentors to make the transition from the structured environment of the Challenge Academy into a self-governed environment back in their home community.

### What is a Mentor?

A mentor for the Challenge Academy is an adult who, along with parents, provides support, encouragement, counsel, friendship, reinforcement, and constructive example to the youth that they are committed to see grow.

### Who can be a Mentor?

Mentors must be at least 21 years of age, the same sex as the youth, and not living in the same household. Immediate family members may not be a mentor. It is not necessary for the Applicant to personally know the mentor. Mentors come from many sources within the community where the youth lives and have wide and varied backgrounds. Past Mentors have included teachers, counselors, factory workers, ministers, police officers, judges, retired men and women, social workers, little league coaches, neighbors, and the list goes on and on.

### How much time is involved in being a mentor?

Mentors will visit with their Cadets approximately two times (both all day events with weekend availability) while the Cadet is in the 22 week Residential Phase at Fort McCoy. During the Post-Residential Phase, the mentor must have a minimum of 4 units of contact per month with his/her Cadet and is required to do one "Service to Community" project each quarter (once every 3 months). The mentor will also report monthly to the Challenge Academy, providing information on the Cadet's status/progress.

### What would disqualify me from being a mentor?

- A conviction for a sex offense
- A felony conviction within the last 5 years
- Any alcohol, drug, or substance abuse conviction within the last 5 years
- A recent history of domestic violence (reports, charges, convictions)
- Failure to follow through on commitment on previous Challenge Academy mentorships

### 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. Each of the two Reference For Potential Mentor forms (pages 4 & 5) 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 your proof of car insurance to the Challenge Academy, ATTN: Admissions; in a timely manner (part of the process for acceptance of the applicant is to have a viable mentor). A staff member will contact you at a later date (within the first couple weeks of the Residential Phase) for a personal phone interview and to answer any further questions you may have.



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## Mentor Application

### Personal Information

Name

Last First Middle Date of Birth Age

MM / DD / YYYY

Address

Number and Street

Home Phone

City  State  Zip Code  County

Cell Phone

Active Email Address

Work Phone

Drivers License   Sex  Male  Female Marital Status  Single  Married  Divorced  Widowed  Separated

State Number

Ethnicity - Hispanic/Latino  Yes  No Race  American Indian  Asian  Black  Native Hawaiian  White

### Information for Youth Being Mentored

Mentee's Name

Last First Middle

How do you know the Mentee?

Who asked you to be a Mentor?

Were you a previous Challenge Academy Mentor?  
 Yes  No If yes, name of Cadet  Class/Year

### Mentor Information

Why do you wish to become a volunteer mentor for the Challenge Academy? (be specific)

Describe your driving record, included any offenses other than speeding.

Will you have transportation to mentor activities held at Ft. McCoy?  Yes  No

Education

Highest Level Degree Area of Study

Employer  Occupation  Length of Employment

Current voluntary commitments

What type of experience do you have working with youth/children?

Current health condition  Poor  Fair  Good  Excellent 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  No

If yes, briefly explain,  
including dates

#### Authorization to Release Information

I hereby authorize the Challenge Academy, along with law enforcement departments, to conduct whatever background check on me 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 applying for.

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.

I further authorize the Challenge Academy to release information, as deemed necessary, for the purpose of developing longitudinal and statistical studies and reports.

The information provided in this application is true and accurate to the best of my knowledge.

Prospective Mentor's Signature

Date

#### Duties and Responsibilities

- Serves as a role model, friend and advocate to the Cadet.
- Reports to the assigned Counselor and/or Mentor Coordinator.
- 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/or 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 units 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.
- Monitor the Cadet's Post-Residential Action Plan. Discusses with the Cadet his/her progress in executing the plan.
- Reports 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.

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

Prospective Mentor's Signature

Date



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## Mentor Releases

### Liability Release

I understand and agree that I will be the one actually spending time with my Cadet and that I must exercise care in supervising him/her while we are together. I also understand that I am not a Challenge Academy employee, agent, and that I am responsible for choosing and conducting all activities with my Cadet 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 respective officers, officials, agents and employees (Released Parties) will not be liable for, and I agree to indemnify and hold harmless the Released Parties 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 action or inaction or the actions of inactions of the Release Parties.

I further release the Released Parties from any and all liability, claims, demands, or causes of action, whatsoever, arising out of any damage, loss, or injury I might sustain while participating in any activities pursuant to this mentoring agreement, whether such damage, loss, or injury is caused by the actions or inactions of the Release Parties.

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

Prospective Mentor's 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, agree to and understand the material above.

Prospective Mentor's 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.

Prospective Mentor's Signature

Date



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## Mentor Reference Form

Mentors: Please give this reference form to someone you have known for at least 3 years who is not your spouse, family member, or the parent of the youth you are going to mentor.

has applied for volunteer work with the Wisconsin National Guard's  
(Mentor's Name)

Challenge Academy Program as a mentor for .  
(Name of youth to be mentored)

He/she is being considered for a match with this 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 statements 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

Address

Telephone Number

Number and Street

City

State

Zip Code

Signature

Date

County

\*please return this form within five working days of receipt.

email:challenge@wisconsin.gov

Fax: 608-269-9001

CHALLENGE ACADEMY  
ATTN: ADMISSIONS  
749 EAST 12TH AVE  
FT. MCCOY, WI 54656-5248





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## Mentor Reference Form

Mentors: Please give this reference form to someone you have known for at least 3 years who is not your spouse, family member, or the parent of the youth you are going to mentor.

has applied for volunteer work with the Wisconsin National Guard's  
(Mentor's Name)

Challenge Academy Program as a mentor for .  
(Name of youth to be mentored)

He/she is being considered for a match with this 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 statements 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

Address

Telephone Number

Number and Street

City

State

Zip Code

Signature

Date

County

\*please return this form within five working days of receipt.

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