

Alice Eng

October 13 at 7:08pm

10-18-14
Items from Audience

First and foremost, I do not want to use the Edgewood Neighborhood watch page for a "tit for tat" dialogue. I am, however, going to defend myself.

The definition of SLANDER or LIBEL (as I have been accused) is a malicious, false and defamatory statement. My post to the neighborhood site is no such thing. I simply stated the facts:

- 1) An Edgewood resident/commission & council candidate took a donation from Chris Garwood (whom we all worked so hard to petition against)
- 2) voted against the will of the neighborhood when it came to his development coming before the planning commission
- 3) voted against our request for an extension. Again, none of which is slanderous.

FACTS.

As for attacking my character and my intent for the community is slander. I am not running for a political office, I don't own a business/organization and have nothing to personally gain. As everyone can see from all my posts here on the Edgewood & Retail sites, I am here to ensure our Edgewood Community and the City of Tracy as a whole grows and prospers for the good of all.

I know many of our neighbors work full time, commute, have family obligations and don't always have time to attend council/commission meetings. The facts (not slander) is to inform the neighborhood of what is happening in our community so they can make an informed decision.

Like

Comment

Seen by 48

11

Comments



Jorge Heredia | for one appreciate the information you bring to our group.

Thank you!

Alice Eng Thalya, let me find out who was the adm on the Retail page, since I just recently became admin, Let me double ck with Jennifer, since there were 9-10 of us involved , I will pm you.

[Like](#) [Reply](#) · [October 14 at 12:45pm](#)

Rhodesia Ransom Thank you Thalya Cuiltly for your question and for acknowledging my work in our community. You asked a fair question, and you are right, there is no not seeing those that are against the apartments. I would like to point out that there are neighbors in Edgewood who are neutral on the issue and neighbors who live close to the site who are in support of what the proposed rezone. The most vocal group is the retail for Edgewood group. To your point about reaching out, I spoke with "leader" of the Retail for Edgewood initiative and explained my real concern that if we are not careful, we could end up with a substandard strip of retail that may not be a good fit for the neighborhood. I offered to get together the developers from Tracy Hills and Ellis to speak with our neighborhood about how we can get quality retail on the Corral Hollow side of our end of town, I was told that my position wrong and that was the end of it.

I am not sure why you didn't know that I lived in Edgewood. My family and my organization are involved in our activities, I'm in our FB group, and those who were not in favor of my vote on planning commission definitely made it known. I also disclosed it at the planning commission meeting where I voted in favor of the rezone and at a meeting with neighbors at city hall where I represented myself as both a commissioner and a resident of Edgewood. Shortly thereafter, I was removed from the Retail for Edgewood FB page.

I absolutely choose not to engage on FB. The information posted in FB about the issue in question has been one-sided and not open to all perspectives. Anything contrary to those perspectives, no matter how factual, is attacked as being "against Edgewood." That is not productive, and I don't operate that way. I respect the opinions of others, and even if I feel that they are ill-informed I respect the fact that they have something that they are passionate about.

[Like](#) [Reply](#) · [1](#) · [October 14 at 9:28am](#)



Thalya Cuiltly Hi again 🙋🏻🙋🏻 You stated that your way of reaching out was to have the group talk to the developers...my idea of reaching out would be sitting down with your neighbors and talking things over and seeing their perspectives...not telling them to talk to the developers. There was never a leader of the group..it is a group of concerned neighbors which you never sat down with...but now you would like to talk...talk one on one even. That's new. When an extension was asked for, by your very own community, to make everyone aware of what was happening with the property, you did not recuse yourself from the decision....you voted against it. That is documented info. If you choose not to engage on FB then why are you on here now...honestly I don't get it. It seems as though the opportunity to have a wonderful working relationship with the Edgewood community has been spoiled by turning against the wishes of 1000 Edgewood signatures(we have close to 1000 households including the apartments, I'm pretty sure that's considered a majority)but it's turned into something other. A person is not a representative of the public if they don't meet with them in times of need; but willing and asking to meet with the community in times of their very own personal needs. Your words and your actions conflict one another. And for those wondering and sick 🤢 of this feed as I am...yes I'm done. 🙋🏻🙋🏻 hold your applause, I'm glad to see myself go! 😊🙋🏻.notifications off!

[Like](#) [Reply](#) · [October 15 at 8:08pm](#)



Rhodesia Ransom Here again is another example of one sided perspectives. I appreciate that your "idea was reaching out and sitting down with neighbors..." while my idea was based on knowledge that neighbors, including myself, wanted retail and with more than 15 years experience in residential and commercial real estate and local developers contacts, we could probably get the neighborhood a solid plan or at least a better understanding for what was desired--retail. The point was to bring the people who claimed to want something together with the people who have experience delivering it. Was retail not the goal? It seems as if the only problem is that I am offering to look for and work for solutions in a way that is not consistent with the retail group. I know from experience that we cannot force a private property owner to build anything, no more than I can force an Edgewood homeowner to put an unwanted pool in their backyard. But we could work with them and get positive results. Interesting that several, nearly a dozen now, have chosen to have personal conversations offline as opposed to presenting their on one sided interpretation on FB but I am okay with that as it comes with the territory. I am responding to people in the manner that they communicate. Communication is a two way street, if retail for Edgewood wanted to work with me instead of shutting down my suggestion and removing me from the group they could have spoken to me about options the same way every other group in Tracy has approached me for the past 7 years when they wanted something. I will continue to be available to those who seek solutions. 209-645-2012

[Like](#) [Reply](#) · [1](#) · [October 15 at 8:45pm](#)



Allison Quinteros I am part of the Retail for Edgewood group and I would LOVE to be a part of a meeting to find solutions to bring retail to south Tracy. You put it on the books, and I'll be there. I guarantee many more neighbors will be there, too. We are in dire ne...[See More](#)

[Like](#) [Reply](#) · [2](#) · [October 15 at 9:23pm](#)



Rhodesia Ransom Thank you Allison Quinteros. If it ok with you, I will make a few calls and pm you by Tuesday. Otherwise, feel free to call.

[Like](#) [Reply](#) · [October 15 at 9:42pm](#)



Allison Quinteros Rhodesia Ransom Sounds good!

[Like](#) [Reply](#) · [2](#) · [October 15 at 9:45pm](#)

Alice Eng

October 7 at 11:00pm

http://www.goldenstatenewspapers.com/.../article_c15bf760-8c2...

Not sure how many folks saw today's Tracy Press, but the City Candidates donation disclosure was published today.

It's with great disappointment and disbelief that our very own Planning Commissioner who lives in Edgewood accepted a donation to their City Council Campaign from Christopher Garwood from Danville. The SAME developer who wanted/wants to build an apartment complex and storage unit in Edgewood (including requesting a zoning change to allow such a build).

Which saddens me the most about this, is during this entire ordeal that we all worked so hard on, this commissioner/candidate voted against us during Planning Commission meetings and voted against our request for an extension. This is why I went directly to our council and City Staff gave us the extension.

I'm glad this was brought to my attention today. And a reminder of how so many of us united together as neighbors to ensure this development didn't happen and ruin our great community. And a shout out to our surrounding neighborhoods who joined us in ensuring our voices were heard.

Sadly, this is the same Commissioner who voted against our I-205 overlay and the opportunity to enhance Tracy. Makes me question who is really looking out for residents and what's in the best interest of our community.

(For new neighbors in Edgewood & Tracy - for more information, please to don't hesitate to reach out to us or review previous posts on Retail for Edgewood)

goldenstatenewspapers.com

Cherie Levasseur Thank you for posting Alice.

[Like](#) [Reply](#) · [October 8 at 10:12am](#)



Alice Eng Cherie, your welcome.

[Like](#) [Reply](#) · [October 8 at 12:30pm](#)



Ash Patel Makes me sick

[Like](#) [Reply](#) · [October 8 at 1:52pm](#)



Maqda Ramalho Yes, Alice Eng, this is good information for many. Especially those who do not subscribe to paper delivery. Another way to make informed decisions on election day.

[Like](#) [Reply](#) · [2](#) · [October 8 at 10:52pm](#)



Jennifer Dow Rowell The amount of real estate development money going to multiple candidates is interesting. Wish Tracy Press ran this before the candidates forum.

[Like](#) [Reply](#) · [1](#) · [October 9 at 9:07pm](#)



Allison Quinteros Is Chris Garwood the only "outside Tracy" real estate developer giving to a campaign? Also, WHY is Chris Garwood (the developer that tried to change our Edgewood lot from retail to residential) giving to a planning commission/city council runner?!?

[Like](#) [Reply](#) · [October 9 at 9:39pm](#) · [Edited](#)



Nadia Cordae Good point Allison!

[Like](#) [Reply](#) · [1](#) · [October 10 at 8:15am](#)

Alice Eng Yes, sadly it's true, he is the developer from danville

[Like](#) [Reply](#) · [October 10 at 12:17am](#)



Will Kallander The newspaper site link does not want to work, but here is the link to Ransom's tax form that lists Garwood as a contributor:

<http://www.ci.tracy.ca.us/documents/...>

[d=Form_460_Rhodesia_Ransom.pdf](#)

CI.TRACY.CA.US

[Like](#) [Reply](#) · [October 10 at 11:03am](#) · [Edited](#)



Cherie Levasseur Shameful, she donates money from her very own non-profit to campaigns fund.



Allison Quinteros Analyn Clayson Sorge- Any way you could share this thread to Glenbriar watch page? I would think other neighbors from there would care about this issue since so many supported our neighborhood fight to stop this developer.

Like Reply · 1 · October 10 at 11:14am



Lori Souza Why don't you just say Rhodesia Ransom instead dancing around her name? Ask her questions directly, she'll answer any one of you that asks about her campaign. She posted an answer to all of this on another post (see below). She's incredibly dedicated to Tracy as a community as well as Edgewood. But here's some information if you want answers directly from her. At least get the truth, whether you like it or not is another story. But at least get both sides and be informed. A post from someone who doesn't have the decency to mention Rhodesia by name is clearly one sided with an agenda.

<https://www.facebook.com/notes/rhodesia-ransom/allison-thank-you-for-the-direct-question/10154648268069329>

Like Reply · 1 · October 13 at 7:53am Edited



Rhodesia Ransom Thank you so much for tagging me in this post. I had no idea that such slanderous and libelous information was purposely being spread by Alice English who never once came to me to check the facts. Somehow I am not in the least bit surprised that she failed to mention that she is actively campaigning for and personally contributing funds to the campaign of my opponent who also received funds from developers, or that she is personally invested in this election. I don't blame people for being quick to believe someone who presents themselves so innocently and with such concern, but the facts always speak for themselves. It is important that we do our own research and not take third part information as gospel. Four of six candidates currently running for office received funds from developers, that is not unusual as these are people that we do business with. To the point discussed by Allison Quinteros and Nadia Cordae. Ms. Allison Quinteros, can you please share our earlier dialogue with Analyn Clayson Sorge and encouraged her to spread that information the same way that she was asked to share innuendo and mischaracterizations. Lori Souza, I appreciate your comments and that you shared my note from earlier. I am not sure how Cherie Levasseur got an idea from the information shared that a non-profit was donating to my campaign, but rest assured that will never happen as it is illegal and immoral to take from programs that support the most vulnerable kids in Tracy, and those records are all public documents. This community has real issues. We have homeless people walking our city, people commuting 2-4 hours a day for work because there are no local jobs, we have no resources for families, and a lack of retail and recreation for families. Those are my concerns and the issues I have been and will remain dedicated to. And while I know that the intent is just politics as usual, I am saddened that so many were quick to chime in when I am absolutely accessible by phone or message. I can be reached at 209-645-2012 if anyone would like to speak with me personally, including Magda Ramalho, Will Kallander (thank you for posting the actual document), Ash Patel, and Jennifer Dow Rowell who were all part of this post. This small community of many compassionate people is not helped by this type of politics. And while we all have the right to support whomever we want and even disagree with one another, slander and rumor is not the way to go. I appreciate the opportunity to speak with anyone, and as for campaigning for people, let's stick the the issues Alice English.

Like Reply · 3 · October 13 at 4:42pm Edited

Edit History

Close



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Write a reply



Rhodesia Ransom Thank you Thalya Cully for your question and for acknowledging my work in our community. You asked a fair question, and you are right, there is no not seeing those that are against the apartments. I would like to point out that there are neighbors in Edgewood who are neutral on the issue and neighbors who live close to the site who are in support of what the proposed rezone. The most vocal group is the retail for Edgewood group. To your point about reaching out, I spoke with "leader" of the Retail for Edgewood initiative and explained my real concern that if we are not careful, we could end up with a substandard strip of retail that may not be a good fit for the neighborhood. I offered to get together the developers from Tracy Hills and Ellis to speak with our neighborhood about how we can get quality retail on the Corral Hollow side of our end of town. I was told that my position wrong and that was the end of it.

I am not sure why you didn't know that I lived in Edgewood. My family and my organization are involved in our activities, I'm in our FB group, and those who were not in favor of my vote on planning commission definitely made it known. I also disclosed it at the planning commission meeting where I voted in favor of the rezone and at a meeting with neighbors at city hall where I represented myself as both a commissioner and a resident of Edgewood. Shortly thereafter, I was removed from the Retail for Edgewood FB page. I absolutely choose not to engage on FB. The information posted in FB about the issue in question has been one-sided and not open to all perspectives. Anything contrary to those perspectives, no matter how factual, is attacked as being "against Edgewood." That is not productive, and I don't operate that way. I respect the opinions of others, and even if I feel that they are ill-informed I respect the fact that they have something that they are passionate about.

Like · Reply · 1 · October 14 at 9:43am



Thalya Cully Hi again. You stated that your way of reaching out was to have the group talk to the developers...my idea of reaching out would be sitting down with your neighbors and talking things over and seeing their perspectives...not telling them to talk to the developers. There was never a leader of the group, it is a group of concerned neighbors which you never sat down with...but now you would like to talk...talk one on one even. That's new. When an extension was asked for by your very own community, to make

relationship with the Edgewood community has been spoiled by turning against the wishes of 1000 Edgewood signatures (we have close to 1000 households including the apartments, I'm pretty sure that's considered a majority) but it's turned into something else. A person is not a representative of the public if they don't meet with them in times of need; but willing and asking to meet with the community in times of their very own personal needs. Your words and your actions conflict one another. And for those wondering and sick of this feeling, I am... yes I'm done. 🙄 🙄 hold your applause, I'm glad to see myself go! 🙄🙄 notifications off!

Like · Reply · 14 hrs

Rhodesia Ransom Here again is another example of one sided perspective. I appreciate that your "idea" was reaching out and sitting down with neighbors, while my idea was based on knowledge that neighbors, including myself, wanted retail and with more than 15 years experience in residential and commercial real estate and local developers contacts, we could probably get the neighborhood a solid plan or at least a better understanding for what was desired--retail. The point was to bring the people who claimed to want something together with the people who have experience delivering it. Was retail not the goal? It seems as if the only problem is that I am offering to look for and work for solutions in a way that is not consistent with the retail group. I know from experience that we cannot force a private property owner to build anything, no more than I can force an Edgewood homeowner to put an unwanted pool in their backyard. But we could work with them and get positive results. Interesting that several, nearly a dozen now, have chosen to have personal conversations offline as opposed to presenting their one sided interpretation on FB but I am okay with that as it comes with the territory. I am responding to people in the manner that they communicate. Communication is a two way street, if retail for Edgewood wanted to work with me instead of shutting down my suggestion and removing me from the group they could have spoken to me about options the same way every other group in Tracy has approached me for the past 7 years when they wanted something. I will continue to be available to those who seek solutions. 209-645-2012

Like · Reply · 1 · 13 hrs

Allison Quinteros I am part of the Retail for Edgewood group and I



Rhodesia Ransom To those of you who have reached out or had questions, I truly appreciate the opportunity.

[Like](#) [Reply](#) · 4 · [October 13 at 4:40pm](#)



Jennifer Dow Rowell thank you!

[Like](#) [Reply](#) · [October 13 at 5:10pm](#)



Allison Quinteros Thank you, Rhodesia Ransom, for taking the time to answer our questions and concerns. I went to the City Council forum and walked away feeling like I learned very little about specific beliefs and attitudes of those running. Allowing us to ask questi...[See More](#)

[Like](#) [Reply](#) · 2 · [October 13 at 5:26pm](#)



Magda Ramalho Hello Rhodesia Ransom, I don't usually "chime in" on much, but when I do..my intent is never to be negative. Here on FB or in my path through life. If it was taken that way, it was not meant like that. If I can just point out that it is clear to me that you both share the same passion. Alice Eng, along with others, has worked hard to keep the Edgewood community informed on ALL issues, and has made us a stronger community because of it. You have successfully been involved in many great causes throughout Tracy as well and have shown that you can be a great leader in anything that you are involved in. Without conflict, how can one know what needs to be improved or worked on?

[Like](#) [Reply](#) · 1 · 8 hrs



Rhodesia Ransom Hi Magda Ramalho, thank you very much. I know from working with you in the past that you are both a giving and positive person. The unfortunate issue with getting second and third party information is that the information is presented from someone else's perspective and not necessarily factual as in this case where Alice English, who is working and contributing to my opponents campaign, added her own innuendo to the facts and then neglected to mention that the candidate she is working for also takes developer contributions. I will not drag another candidate into this but all of the 460 reports are on the city clerks website. When you take factual information and add that a person "voted against us" or "voted against an opportunity to enhance Tracy" and say things like "makes me wonder who is best looking out for residents and what's in the best interest of our community" it becomes (and yes I have confirmed) slander and libel and defamation of character. She has not only spread this information through this page but also in public parks, banquet halls, and even to my own colleagues and friends. Fortunately people know me and my work well enough to correct her, but she keeps it up. I realize that for some people these tactics and these post entertaining, but I am a human being and I have always done my best to do a good job and treat everyone with respect. I am always up for working through conflict and healthy dialogue, but that does not require nasty accusations, especially when multiple offers have been made for one-to-one conversation.

Bottom of Form

Rhodesia Ransom Thank you so much for tagging me in this post. I had no idea that such slanderous and libelous information was purposely being spread by Alice English who never once came to me to check the facts. Somehow I am not in the least bit surprised that she failed to mention that she is actively campaigning for and personally contributing funds to the campaign of my opponent who also received funds from developers, or that she is personally invested in this election. I don't blame people for being quick to believe someone who presents themselves so innocently and with such concern, but the facts always speak for themselves. It is important that we do our own research and not take third part information as gospel. Four of six candidates currently running for office received funds from developers, that is not unusual as these are people that we do business with. To the point discussed by Allison Quinteros and Nadia Cordae. Ms. Allison Quinteros, can you please share our earlier dialogue with Analyn Clayson Sorge and encouraged her to spread that information the same way that she was asked to share innuendo and mischaracterizations. Lori Souza, I appreciate your comments and that you shared my note from earlier. I am not sure how Cherie Levasseur got an idea from the information shared that a non-profit was donating to my campaign, but rest assured that will never happen as it is illegal and immoral to take from programs that support the most vulnerable kids in Tracy, and those records are all public documents. This community has real issues. We have homeless people walking our city, people commuting 2-4 hours a day for work because there are no local jobs, we have no resources for families, and a lack of retail and recreation for families. Those are my concerns and the issues I have been and will remain dedicated to. And while I know that the intent is just politics as usual, I am saddened that so many were quick to chime in when I am absolutely accessible by phone or message. I can be reached at 209-645-2012 if anyone would like to speak with me personally, including Magda Ramalho, Will Kallander (thank you for posting the actual document), Ash Patel, and Jennifer Dow Rowell who were all part of this post. This small community of many compassionate people is not helped by this type of politics. And while we all have the right to support whomever we want and even disagree with one another, slander and rumor is not the way to go. I appreciate the opportunity to speak with anyone, and as for campaigning for people, let's stick the the issues Alice English.

Concerned neighbors Richard and Alice English, Wendy Tong, Jennifer Ralley, Bill and Peggy Barnes, Teresa, and Margie Baker expressed concerns regarding the change in zoning, the proposed storage facility, the change in feel versus their existing community, developer held neighborhood meetings and noticing, health a vitality of their existing neighborhood, schools, traffic, lack of nearby retail, and walkability.

As there was no one further wishing to address the Commission, the public hearing was closed.

The Commission further discussed traffic, the airport and land use.

- i: It was moved by Commissioner Orcutt and seconded by Commissioner Sangha, to delay consideration of the application for 30 days to provide the residents time to voice their concerns in writing to City staff. Voice vote found Orcutt and Sangha in favor, Mitracos and Tanner opposed; Ransom abstained. Motion failed.

- i: It was moved by Vice Chair Tanner and seconded by Commissioner Ransom to recommend City Council approve an amendment to the Edgewood Planned Unit Development CDP to permit multi-family residential use at the 10.92-acre site at the southeast corner of Corral Hollow Road and Middlefield Drive, Assessor's Parcel Number 244-020-07 (Application Number PUD12-0002), and recommend that the City Council approve application number D13-0017 for a PDP/FDP for five three-story apartment buildings totaling 144 dwelling units, subject to the conditions attached as Exhibit 1. Roll call vote found Commissioners Ransom, Chair Mitracos and Vice Chair Tanner in favor; Commissioner Orcutt opposed; Commissioner Sangha abstained. Motion carried.

- i: **PUBLIC HEARING TO CONSIDER AN APPLICATION FOR A PRELIMINARY A FINAL DEVELOPMENT PLAN TO CONSTRUCT A 795,732 SQUARE FOOT INDUSTRIAL DISTRIBUTION BUILDING WITH CORRESPONDING PARKING AND LANDSCAPE IMPROVEMENTS LOCATED AT 8450 ARBOR AVENUE - APPLICANT IS DCT INDUSTRIAL OPERATING LLC; OWNERS ARE GREGG AND ROBERT CHRISTENSEN- APPLICATION NUMBER D15-0014** – Bill Dean, Assistant Development Services Director, provided the staff report.

Commissioner Sangha recused herself from consideration of the item and left the dais at 9:05 p.m.

The Commission discussed the change in building height, visibility of rooftop equipment from the freeway, truck bays and their visibility, development plans for property on the opposite of Arbor Avenue, truck traffic, tree height and types of tree. Chair Mitracos opened the public hearing.



10-18-16 Council Mtg
How to Apply



In order to enroll in the Discovery Challenge Academy, prospective cadets must meet all of the following requirements.

- Be a citizen or legal resident of the United States and reside in California
- 16 – 18 years of age on the first day of admission
- A high school drop-out or at risk of dropping out (extremely behind in credits) or truant
- Drug Free (there is a mandatory drug test on the first day of admission. Prospective students who fail this test will be denied admission and sent home – NO EXCEPTIONS)
- No felony adjudications/convictions, awaiting trial, or currently in trial proceedings
- Physically, mentally, and emotionally capable of completing the program
- Volunteer – this is not an alternative sentencing program
- Committed to making a change in their life

Discovery Challenge Academy serves students and communities in Northern California

If you live in Central or Southern California, you can apply to:

Grizzly Youth Academy (Central):
www.grizzlyyouthacademy.org

Or

Sunburst Youth Academy (Southern):
www.sunburstyouthacademy.com

Visit our website and see for yourself that this is truly a "**second chance**"

www.discoverychallengeacademy.org

If you would like an application, refer someone to the program, or if you would like to apply to be a mentor, please contact us at: 1-844-633-3301



Organization

Funding/Cost

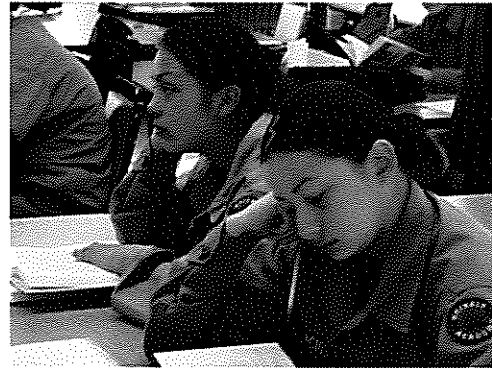
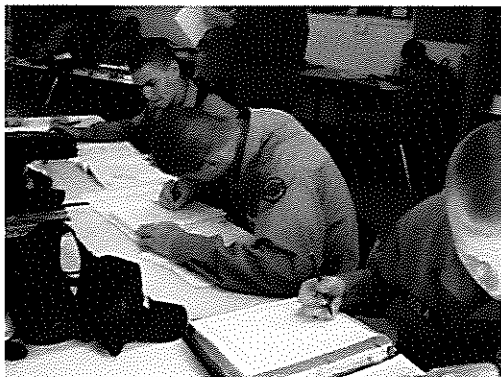
The Discovery Challenge Academy is funded primarily through the Federal government and State of California. Additional funding is obtained through grants and donations.

Tuition, room and board, and books are provided **at no-cost** to the family. There is a minimal personal clothing requirement that must be provided by the family upon admission.

In addition, OPTIONAL costs may occur near the completion of the residential phase of the program. These costs may include the yearbook, pictures, etc. These items are strictly optional and donations are sought year-round to offset the costs.

California Accredited High School

Discovery Challenge Academy partners with the San Joaquin County Office of education. Students can earn up to 60 credits in language arts, math, science, P.E. and other electives. Discovery Challenge Academy has the ability to award high school diplomas to cadets who meet graduation requirements.



Academics

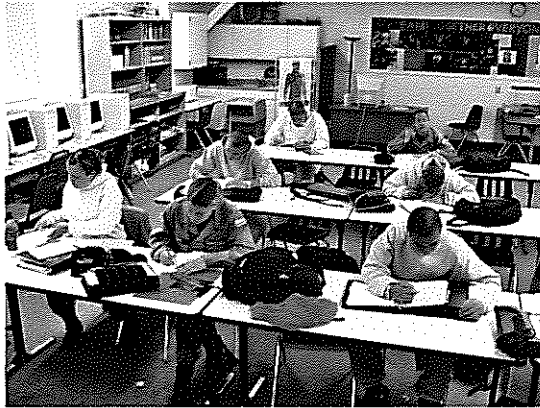
Our focus is on academic excellence. Academic training/instruction is the responsibility of the teaching staff and occurs predominately in a classroom setting. This training is supplemented with ten off-site field trips (average number per term) during the course of the residential phase. The destinations of these trips vary, depending on the curriculum taught at any given time. Field trips have included museums, the California Museum, local colleges and universities, The California State Capitol, and live theater performances.

Other Training

The military staff/cadre are responsible for other training at the academy as part of the disciplined routine of daily life at Discovery Challenge Academy. The cadre make sure that cadets learn the importance of being prompt, that they are dressed appropriately, focused on daily tasks (including homework), and accept responsibility for their actions. Cadre are also responsible for the cadets' physical fitness, personal hygiene, health and welfare, teaching ethical behavior, and working together as a team. Physical Training (PT), Drill and Ceremonies (marching), and barracks inspections are integral parts of training cooperation, tolerance of others, and teamwork.

In addition, there are 3 counselors and 3 case managers that work with the cadets in group and individual situations.

Program Results



PROGRAM'S MISSION

- To target youth who are at the greatest risk, with the highest potential for reversal
- To provide those youth with the tools and experience to succeed
- To turn those youth into productive, employed, law-abiding, and tax-paying citizens

This is done through military based training and education in a residential environment and through mentoring in a post-residential environment.

PROGRAM'S GOALS

The goal of the program was to develop and enhance the life skills, educational levels, and employment potential of at-risk youth through structured, quasi-military training. The program was designed around an intervention model that identified eight core components to improve individual skills and aid the holistic growth of participants. In 1993, ten states piloted the program under the supervision of the National Guard Bureau Office of Public Affairs-Youth Programs.

PROGRAM RESULTS

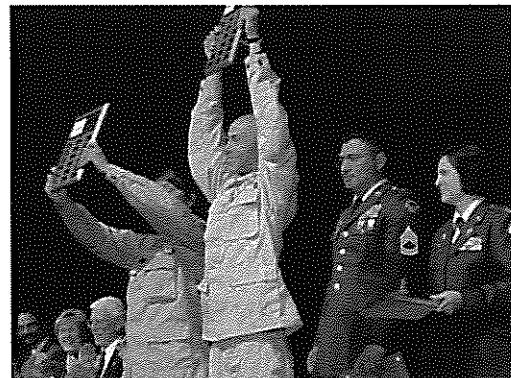
This Challenge Program is one of the most cost-effective, efficient, successful programs designed to serve at-risk youth. Since its inception, there have been over 140 thousand graduates nationally. Over 75% have received their high school diploma or GED.

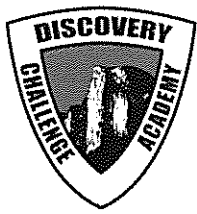
Cadets once labeled underachievers graduated with a new lease on their future. They emerge confident, drug-free, educated, and looking positively to the future.

SAVINGS TO SOCIETY

- 109 million saved in juvenile correction costs each year, based on an annual cost of \$14,000 per NGYCP enrollee vs. \$40,000 per youth in a correction facility.
- \$31.7 million in taxpayer savings each year based on students receiving their GED vs. on-going educational costs.
- \$188 million dollar hours of **service to community, based on over 9 million hours** performed by graduates since 1993.
- 20% of 16- to 18-year-olds enrolled in the program are taken off Federal Assistance programs.
- Increase in the tax revenue base of \$26-\$39 million based on program graduates joining the work force.

An independent audit found that over 90% of the graduates are back in school, employed, pursuing higher education or in the military.





A Brief History of Challenge

The National Guard's Youth Challenge Program began in 1991, when the House Armed Services Committee tasked the National Guard to develop a plan to help at-risk teens and "add value to America". By providing values, skills, education, and discipline to young people using the structure and esprit de corps of the military model, the Youth Challenge Program began a three year pilot program in 1993. Fifteen states participated in the pilot program, which became a permanent National Guard program in 1996. Grizzly Youth Academy in San Luis Obispo, Ca joined in 1998. Ten years later, Sunburst Youth Academy opened in Los Alamitos, Ca. There are now 33 states operating 37 Challenge programs throughout the nation.

Discovery Challenge Academy

The Discovery Challenge Academy will open its doors to 130 cadets in January of 2017. Heavy recruiting efforts will take place in all of Northern California as well as partnerships with community organizations as to provide service to our community while the cadets are in their residential phase.

The mission of the academy is three-fold. First, to provide a safe, structured environment that promotes academic achievement. Second, to develop leadership traits which improve self-esteem, pride, and personal confidence. Third, Discovery teaches life skills that will benefit young men and women in the adult working world (such as budgeting, personal hygiene, punctuality, teamwork, responsibility, and cooperation).



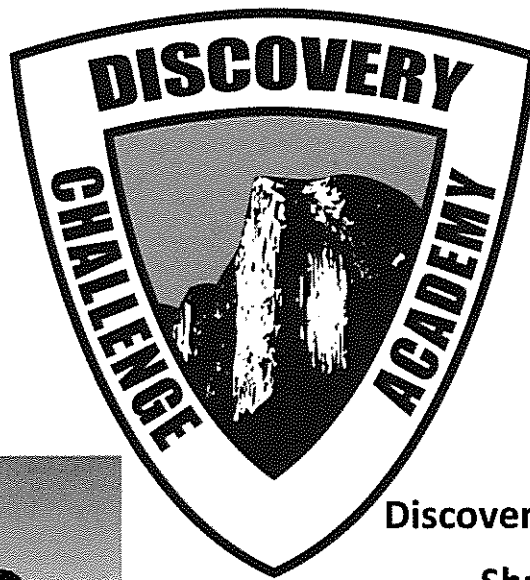
Environment

Discovery Challenge Academy is located in Northern California at the Sharpe Army Depot. This National Guard training base is just south of Stockton. The weather is moderate year-round, with temperatures ranging from the mid-40's in the winter to the 90's in the summer. Lathrop is accessible by Greyhound Bus Lines, AMTRAK, and several major airlines that operate regional service.

Program Components

The Discovery Challenge Academy (like all Challenge programs) is divided into three phases. The "Pre-Challenge" phase is a two week evaluation period to determine if prospective cadets are prepared for the rigors of the program. The "Challenge" phase is a 20 week residential period of academics, physical fitness, counseling (both individual and group), life skills training, and team-building. This phase most resembles a military boarding school. Cadets live on base in military barracks, eat in the base dining facility, and attend school on the base. The third phase is the "Post-Residential" phase. ***This is a one year mentorship period completed in the cadet's community with the guidance and assistance of a custom matched, screened, and trained mentor.***

The California National Guard Youth Challenge Program was awarded the "**Excellence in Mentoring**" award, and the "**Best Program Overall**" award. It also won the prestigious "**Best Post- Residential Performance**" award. We are the second largest mentoring program in the nation next to the Big Brothers/Big Sisters mentoring program.



Discovery ChalleNGe Academy

Sharpe Army Depot

700 E. Roth Road

Lathrop, Ca 95330

1-844-633-3301



- Serving 16-18 year-olds who have dropped out, are behind in credits, truant, and at risk for not graduating on time.
- 5 1/2 month residential program/ 12 mo. Post-res mentoring
- Students can earn 60 high school credits (a years worth), job skills, life-coping skills, leadership, and self discipline.
- More than 90% complete high school and go on to full time jobs and/or college.
- **FREE!!!**



INTERVIEW DATE: _____

INTERVIEW TIME: _____

DCA STUDENT APPLICATION

Thank you for your interest in Discovery Challenge Academy. Applications will not be reviewed for acceptance unless they are complete. You may submit the application if a mentor has not yet been identified. However, you will not be accepted into the academy without a completed mentor application.

OUR CLASSES BEGIN EVERY JANUARY AND JULY. WE ARE NOW ACCEPTING APPLICATIONS FOR THE UPCOMING CLASS. APPLICATIONS MUST BE COMPLETE IN ORDER TO BE CONSIDERED.

DO NOT SEND INCOMPLETE APPLICATIONS
YOU MUST SEND IN 1 COMPLETE APPLICATION

- PLEASE KEEP A COPY OF THE COMPLETE APPLICATION FOR YOUR RECORDS

ONCE THE STUDENT HAS ATTENDED AN ORIENTATION AND AN INTERVIEW WITH A COMPLETED APPLICATION, THE APPLICATION WILL BE REVIEWED BY THE ACCEPTANCE COMMITTEE. SUBMITTING AN APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE INTO THE PROGRAM.

Eligibility Requirements:

- Must be 16 to 18 years of age upon entry – must be 16 on or before the first day of the academy (cannot turn 19 before the program start date).
- High School drop-out or “at-risk” of dropping out (credit deficient or truant)
- No pending charges, felony convictions or “deferred entry of judgment”
- Must be a legal resident of the United States
- Must be a California resident
- Student must volunteer to attend Discovery
- Must be drug free (candidates will be drug tested)

Application Mailing Instructions:

Mail (United States Postal Service)

**ATTN: Admissions
P.O. Box 1189
Lathrop, Ca 95330**

Overnight (UPS or FEDEX)

**ATTN: Admissions
15529 7th Street Unit 1189
Lathrop, Ca 95330**

DO NOT SEND APPLICATIONS TO ACADEMY'S PHYSICAL ADDRESS!

This is an incredible program....Take this chance for your future!



San Joaquin County
Office of Education

Application and Acceptance Process for Discovery Challenge Academy

Read every page of the application carefully. Make sure all pages are filled out completely and signed by Parent/Guardians and applicant. Only applicants with completed applications will be interviewed.

1. Do not send originals of the birth certificate, shot record, or ID card. Make copies.
 - a. If you cannot find your social security card or do not have a California ID card, you need to apply for a new one and provide a copy of the receipt that shows you have one on the way.
2. If you are under a Doctor's, Therapist's, Psychologist's, or Psychiatrist's care for any condition, diagnosis or prescription medication, you must send a Doctor's release that you can emotionally and physically participate in all aspects of the program.
3. If you are on probation, your probation officer must sign the Legal Information form, page 19. We must also receive any paperwork, court minutes, etc. regarding ANY involvement with the legal system. We cannot accept anyone with a felony or "deferred entry of judgment" unless the felony is reduced to a misdemeanor and/or the deferment is finished and the charges are dropped or expunged. There must not be any pending court dates once the program starts.
4. All applicants must have health insurance in order to be accepted. You can get term insurance for the 5 ½ month period from most providers, or contact California Healthy Families at 1-800-880-5305. For application purposes you must provide documentation that you are in the process of applying for insurance.
5. All applications must include a completed mentor application in order to be reviewed.
6. Once your application is complete make a copy for yourself in case it gets lost. Mail the original in or bring it with you to the orientation.
7. **WE DO NOT REVIEW INCOMPLETE APPLICATIONS.** If you are missing anything, including mentor application, you will be notified **1 TIME ONLY** of what we need to make it complete. You will be given a due date and it is your responsibility to ensure all documents are received in time.
8. If you have not done so already, we require each applicant to attend a **mandatory orientation** and conduct an in-person interview. The dates for orientation are listed on our website. Show up on time! If you are more than 10 minutes late, we will ask you to return for another orientation.
9. In-person interviews will take place at the orientation. If an applicant tells us that he/she does not want to attend the program, we do not proceed any further with the application. A student cannot be court mandated or forced to attend the program by their parent(s) and/or guardian(s).



Application and Acceptance Process Continued

10. Once we have interviewed the applicant, the application is reviewed by the counseling department, the education department, the medical department and the legal department. The letter written by the applicant should express his/her desire to attend the program and make changes for a successful future.
11. After reviewing the completed application and interview, the applicant may be invited to a Roll Call. This is a mandatory event which will allow the staff at Discovery to see if this is a good fit for both the applicant and for Discovery. If you are invited to Roll Call, be prepared to sample the lifestyle of a cadet. Take this event seriously. Show your motivation and dedication to making a change within your life. You will be instructed of the date, time and uniform when you are invited. **AN INVITATION TO ROLL CALL DOES NOT GUARANTEE YOUR ACCEPTANCE INTO THE ACADEMY.**
12. You will receive a call about one month prior to the start date of the program informing you of your acceptance status, whether accepted or not. If you should not be accepted into the program you may be considered for the next class.

Discovery ChalleNGe Academy is a great choice for most at-risk students. However, not everyone is suited for this physically demanding program. We do our best to look at every individual and their needs as we are making our selections.





San Joaquin County
Office of Education

Application Instructions – Read Carefully

The following materials must be filled out completely and returned promptly in order to be considered as an applicant. Incomplete applications will not be accepted. If you have questions about filling out the application, please contact the Academy at (844) 633-3301. We recommend that you keep a copy of your entire application. Do not include the original birth certificate or social security card. **NOTE - When you bring your application, you must submit the original. Be sure to keep a copy for your records. Make sure all pages are signed by both the Parent/Guardians and Applicant!**

PLEASE ASSEMBLE (UNSTAPLED) AND SUBMIT YOUR APPLICATION IN THE FOLLOWING ORDER:

Cadet Application

- Parent/Student Information Sheet – 1 Copy
- Student Personal Letter (Must be hand written by the applicant) – 1 Copy
- Recommendation Letter (Must be from a school official) – 1 Copy
- Mentor Program Explanation Sheet (This sheet is separate from the Mentor Application) – 1 Copy
- Birth Certificate – 1 Copy
- Social Security Card or Receipt – 1 Copy
- California ID or Receipt – 1 Copy
- Power of Attorney (Notarized) – 1 Copy
- Health Insurance Card – 1 Copy
- Medical History Form – 1 Copy
- Sports Physical/ SF 93 (Signed and Stamped by Dr, RN, PA, No Chiropractors!) – 1 Copy
- Immunization Records (Tdap, MCV4, HPV, TB Test – Within 1 year, Seasonal Flu) – 1 Copy
- Release of Liability – 1 Copy
- Educational Information Sheet – 1 Copy
- School Transcripts (Unofficial is okay) – 1 Copy
- IEP & TRI (only if applicable and must be current to include Psycho-Educational Report) – 1 Copy
- Legal Information Form – 1 Copy
- Legal Supporting Documents (If needed) – 1 Copy
- Custody Documents (If needed) – 1 Copy



San Joaquin County
Office of Education

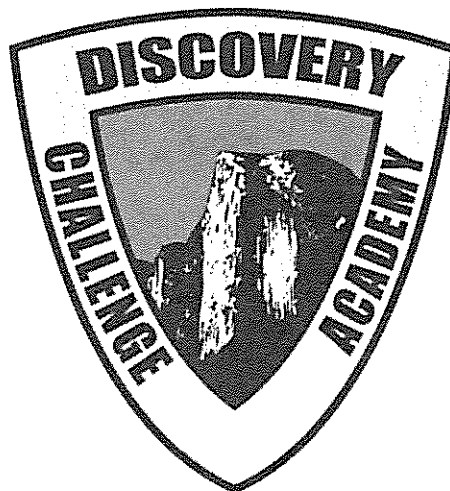
Mentor Application

- Mentor Information Sheet – 1 Copy
- Mentor Program Explanation Sheet (This sheet is separate from the Cadet Application) – 1 Copy

► **IMPORTANT: KEEP A COPY FOR YOUR RECORDS!**

Dental work, eye exams, sports physical, updated immunizations and medication needs should be taken care of before coming to Discovery. Please put the application in above referenced order.

Incomplete applications will not be accepted!





San Joaquin County
Office of Education

Discovery Challenge Academy

APPLICANT & GUARDIAN INFORMATION SHEET

APPLICANTS INFORMATION: PRINT CLEARLY AND FILL IN ALL INFORMATION

Social Security # _____ Today's date: _____ Have you applied before? YES NO When _____

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Date of Birth: ___/___/___ Age ___ Gender: Male Female What language do you use most often: _____

Ethnicity: **(must check one)** American Indian/Alaskan Native Asian or Pacific Islander Black Hispanic
 Multiracial White

Are you Married: Yes No Number of Children: ___ Number of people in your household: ___ Family income/yearly: _____
 (For statistical purposes only)

Hair Color _____ Eye Color _____ Height _____ Weight _____

APPLICANT'S CONTACT INFORMATION: DO NOT ENTER PARENT/GUARDIAN INFORMATION HERE

Applicant's Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

County of residence: _____

Natural Mother's Name _____ Alive Deceased Whereabouts Unknown

Natural Father's Name _____ Alive Deceased Whereabouts Unknown

Were natural mother and natural father ever married? YES NO

PARENT/GUARDIAN INFORMATION #1: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

1) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Is this Person authorized for Pickup? Yes No Primary Emergency Contact - OR - Secondary Emergency Contact



San Joaquin County Office of Education

PARENT/GUARDIAN INFORMATION #2: CHECK HERE IF ADDRESS IS SAME AS APPLICANT'S

2) Relationship to Applicant: Parent Step Parent Legal Guardian Other Explain: _____

LEGAL GUARDIANS MUST PROVIDE COURT DOCUMENTS. IF PARENTS HAVE JOINT CUSTODY, BOTH PARENTS MUST SIGN ALL FORMS OR PROVIDE WRITTEN PERMISSION FOR APPLICANT TO ATTEND THE ACADEMY.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Home Phone: (____) _____ Work Phone: (____) _____ Ext. _____ Cell Phone: (____) _____

E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____

Is this Person authorized for Pickup? Yes No Primary Emergency Contact - OR - Secondary Emergency Contact

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and the parents/guardians can't be reached, we will make every attempt to reach one of the emergency contacts. The emergency contacts may also be allowed to pick up the student in the absence of the parent/guardian.

The emergency contact should be over 21, and will be required to show picture ID when picking up a student.

Emergency Contact #1: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No?

Emergency Contact #2: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

Emergency Contact #3: Name _____ Relationship _____ Phone # _____

Alternate phone number: _____ E-mail address _____

Is this Person authorized for Pickup: Yes No

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further agree that the Discovery Challenge Academy is authorized to obtain any information from any agency to assist in assessing this application, in accordance with the Privacy Act of 1974, by authority of Executive Order 9397.

Would you like to be considered for the Grizzly Youth Academy as a secondary option? Yes No

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



San Joaquin County
Office of Education

Discovery Challenge Academy
PERSONAL APPLICATION LETTER AND ELIGIBILITY STATEMENT

Applicant's Name _____

In your own words and handwriting, tell us why you feel Discovery Challenge Academy will help you with your education and what you hope to gain from the experience. Please include what you hope to achieve while at the Academy, and your goals for the future. This is a very important part of the acceptance process, so be as open and honest as possible.

- 1. I am VOLUNTARILY enrolling in the Discovery Youth Challenge Program. I understand that this is not a "sentencing alternative", and I can't be ordered to attend. I also understand that the DCA is not OBLIGATED to accept me into the program. YES NO
 - 2. I understand that I must be drug free to enter the program and that I will be given a drug test upon entry. YES NO
 - 3. I am a resident of the State of California YES NO
 - 4. I am a citizen of the United States OR a legal resident YES NO
 - 5. I am physically and mentally capable of participating in ALL aspects of the Program YES NO
 - 6. I understand that this is a 17 ½ month program (5 ½ months residential) and I must meet with my mentor for 12 months after I return home or I will not get my "Certificate of Completion" YES NO
- ➔ Applicant's Signature: _____ Date: _____



Discovery Challenge Academy
Mentor Program Explanation (for the student applicant)

Applicant and Guardians: Please Read Carefully and Sign

Every cadet at Discovery Challenge Academy **MUST** have a mentor. Choosing a mentor is a very important decision. Please put some thought into the process. The mentor should be someone that **YOU**, the applicant, pick. Your mom or dad can make suggestions, the decision should be yours. Once you are here, your mentor will be writing to you and you will be writing to your mentor. Your mentor is also able to visit while you are at Discovery Challenge Academy, so try and pick someone who will be "in your corner"! Some qualities to look for when choosing a mentor might be: a good listener; a person who enjoys being with teenagers; someone who is a good role model; a mature adult who really cares about your success.

- The mentor should be someone of the same sex as the youth and not a close relative or living in the same home as the applicant.
- The mentor should live within the same community as the youth and be 25 or older.
- Good choices might be: a coach, neighbor, teacher, principal, counselor, pastor, church friend.

The completed Mentor Application must be returned with your completed Student Application. However, in the interest of privacy of information, your Mentors' application can be sealed in a separate envelope. We also need the name, address and phone number of a second person who will be the alternate mentor. Enter information at bottom of page.

Program Explanation: The Discovery Challenge Academy (DCA) is a two-part program. The first part is a 22-week residential phase where the cadet lives on the DCA campus in a controlled, military environment which encourages teamwork and personal growth. During this time the cadet will work toward achieving educational goals and developing a "Life Plan" to use after leaving the Academy. Midway through this residential phase, each youth is matched with a mentor after a detailed background check of the mentor is completed. While the cadet is at the Academy, the mentor will attend one training session and can visit on scheduled days. Visits are not mandatory, but encouraged. The cadet and mentor will be writing to each other during the residential phase.

The second part of the program is a 12-month phase, where the student returns to his/her home community. During this phase, he/she will meet with his/her mentor for a minimum of four hours each month to discuss the "Life Plan" and any areas of concern or interest. Successful mentor-youth relationships happen when the mentor and cadet participate in activities that help build the relationship. If you have any questions regarding the Mentor program, please feel free to call the Mentor Coordinator at any time, (844) 633-3301. We want you to have a good understanding of what are involved and most of all we want you to have a good mentor.

Your Mentor Application must be sent **WITH** your application. Name of Prospective Mentor: _____

Why did you choose this person to be your Mentor? _____

Address _____ Home Phone: _____ Cell Phone: _____

How do you know this person? _____ **MUST be filled out!**

Name and Phone #'s of a second Prospective Mentor.

Name: _____ Home Phone: _____ Cell Phone: _____

How do you know this person? _____

I understand that having a mentor is a requirement for admission into the program. I also understand that I am required to meet with my mentor for 12 months after leaving Discovery Challenge Academy in order to receive my Certificate of Completion.

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



San Joaquin County Office of Education

Discovery Challenge Academy

**Special Power of Attorney for the Authorization of Medical Care and Medical Expense Statement
THIS FORM NEEDS TO BE NOTARIZED**

KNOWN ALL MEN/WOMEN BY THESE PRESENTS:

That I _____, Date of birth ____/____/____ ID # _____
Guardian (or Applicant if 18 years old) (Guardian's, or Applicant's if 18 years old, CA ID #/Residency Card #)

Am a legal resident of _____ County, California, hereby appoint the director of Discovery Challenge Academy, located at Sharpe Army Depot, Lathrop, CA, as my true and lawful attorney-in-fact to do the following in my name and in my behalf:

Anything necessary to maintain (my health) the health of my child*, _____ I want my attorney-in-fact to
*If 18 years old enter "N/A".

Have the power to consent to any medical or dental 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 the health of my child (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 if I become disabled, incapacitated or incompetent. This Power of Attorney shall expire after the 22 week residential phase is completed or the Cadet withdraws or is terminated from the Academy.

Medical Expenses Statement of Understanding

The medical staff at the Discovery Challenge Academy consists of a Medical Doctor, P.A, and RNs. They will make all necessary medical determinations regarding current cadets. Discovery Challenge Academy **DOES NOT** pay for normal medical expenses incurred by your cadet. The cadet, and ultimately the parent/guardian, regardless of insurance coverage, is responsible for all normal medical and dental expenses, to include all co-payments, deductibles, and all non-covered charges. The Academy will provide physician, hospital, or pharmacy needs with the appropriate insurance information or Medical or Medicaid coverage.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 20_____

➔ Signature _____
Guardian (or Applicant if 18 years old)

***** TO BE COMPLETED BY NOTARY *****

STATE OF CALIFORNIA, COUNTY OF _____)

On _____ before me, _____,

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

➔ Signature: _____ (Seal)



Discovery Challenge Academy - Report of Medical History and Insurance Information

- 1. Student Name: SSN: Birth Date Height Weight
2. Parent/ Guardian Name: Parent/ Guardian Contact Number:
3. Statement of Health- Good Fair Poor Explain:
4. Have you ever been hospitalized? Yes No For What? When?
5. Do you normally go to the Doctor for headaches, colds, or minor ailments? Yes No
6. Current Medications Reason
7. Allergies (List should include insect bites and stings, common foods, and medications)
8. Your Doctor's Name Phone# 24 hr. #
9. Do you wear braces? Yes No Do you wear contact lenses? Yes No
10. Have you been hospitalized in the last 6 months? For What?
11. Have you had a broken bone in the last 6 months? What happened?
12. Are you under a Doctor's care for ANY condition, or diagnosis or prescribed medication?

NOTE: If you answered "Yes" to question 9, 10, or 11, you must include a "Doctor's Release" stating that you are emotionally and physically capable to participate in all components of the program. A physical exam and release is required for accepted students.

CIRCLE ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED. IF YOU CIRCLE ANY ITEM, PUT THE YEAR THAT THE CONDITION OCCURRED NEXT TO THE CONDITION, AND A BRIEF EXPLANATION BELOW IT.

If this is a current condition, write CURRENT next to the condition. Failure to disclose known issues could result in expulsion of student.

- Eye, ear, nose, or throat trouble Frequent indigestion Pregnant at this time Paralysis (include infantile)
Chronic or frequent colds/coughs Stomach, liver, or intestinal Treated for female disorder Epilepsy, seizures, or fits
Severe tooth or gum trouble Gall bladder trouble Change in menstrual cycle Motion sickness
Bleeds easily Arthritis, rheumatism Recent gain/loss of weight Frequent trouble sleeping
Liver disorder/disease Diabetes or Hypoglycemia Had 1 or more children Eating Disorder
Nose bleeds Jaundice or hepatitis Unconsciousness/Head Injury Depression or heavy weeping
Skin disorders Bone, joint or deformity Thyroid trouble or goiter Loss of memory or amnesia
Sinusitis, hay fever Tumor, growth, cyst, cancer Lameness or neuritis Nervous disorder
Asthma, shortness of breath Rupture/hernia Broken Bones Adverse reaction to medication
Coughed up blood Anemia Sickle Cell Rectal disorder
Tuberculosis Painful/frequent urination recurrent back pain Head Lice
Sleepwalker Scarlet/ Rheumatic fever Bedwetting since age 12 Swollen or painful joints
Dizziness or fainting spells Palpitation or pounding heart Leg or feet cramps Kidney stone/ blood in urine
Frequent or severe headaches Heart trouble or murmur Sugar or albumin in urine Loss of finger, toe, arm, or leg
High or low Blood Pressure Sexually Transmitted Disease Knee brace or back support Painful or "trick" knee, shoulder, elbow
Attempted suicide

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER (Must be MD, DO, PA, NP)

SIGNATURE OF PHYSICIAN OR EXAMINER DATE

I, parent/guardian of hereby agree to:
(Printed Name of Parent) (Printed Name of Student)

- 1. Maintain active health insurance for the entire duration of the academy.
2. Ensure that all required vaccinations are up to date, in accordance to the academy's specifications, prior to the Academy's start date.
3. Provide \$40 on intake day to cover any miscellaneous medical expenses.

Signature of Parent/Guardian Signature of Parent/Guardian

Applicant Signature



San Joaquin County
Office of Education

Sports Physical Form (SF 93) Page 1 of 2

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

| | | | | | | |
|---|-----------|--------------|------------------------------------|--|--------|---------------|
| 1. NAME OF EXAMINEE (Student) (Last, first, middle) | | | 2. IDENTIFICATION NUMBER (SS#) | | 3. DOB | DATE OF EXAM: |
| 4a. HOME STREET ADDRESS(Street, City, State, ZIP) | | | 5. EXAMINING FACILITY (STAMP HERE) | | | |
| 4b. CITY | 4c. STATE | 4d. ZIP CODE | | | | |
| 6. PURPOSE OF EXAMINATION | | | | | | |

SPORTS PHYSICAL FOR APPLICATION TO ATTEND DISCOVERY CHALLENGE ACADEMY AND IMMUNIZATION UPDATE REQUIRED.

| 7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED(Use additional pages if necessary) | | | |
|--|-----------------------|---------------------------------------|-------|
| a. PRESENT HEALTH | b. CURRENT MEDICATION | REGULAR OR INTERM. | ROUTE |
| | | | |
| | | | |
| | | | |
| c. ALLERGIES(Include insect bites/stings and common foods) | | | |
| | | | |
| | d. HEIGHT | e. WEIGHT | |
| 8. PATIENT'S OCCUPATION | | 9. ARE YOU (check one) | |
| STUDENT | | <input type="checkbox"/> RIGHT HANDED | |
| | | <input type="checkbox"/> LEFT HANDED | |

| 10. PAST/CURRENT MEDICAL HISTORY | | | | | | | | | | | |
|---|-----|----|------|---|-----|----|------|---|-----|----|------|
| CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE ON 2 ND PAGE. LIST EXPLANATION BY ITEM NUMBER | | | | | | | | | | | |
| CHECK EACH ITEM | YES | NO | YEAR | CHECK EACH ITEM | YES | NO | YEAR | CHECK EACH ITEM | YES | NO | YEAR |
| Household contact with anyone with tuberculosis | | | | Shortness of breath | | | | Bone, joint or other deformity | | | |
| Tuberculosis or positive TB test | | | | Pain or pressure in chest | | | | Loss of finger or toe | | | |
| Blood in sputum or when coughing | | | | Chronic cough | | | | Painful or "trick" shoulder or elbow | | | |
| Excessive bleeding after injury or dental work | | | | Palpitation or pounding heart | | | | Recurrent back pain or any back injury | | | |
| Suicide attempt or plans | | | | Heart trouble | | | | "Trick" or locked knee | | | |
| Sleepwalking | | | | High or low blood pressure | | | | Foot trouble | | | |
| Wear corrective lenses | | | | Cramps in your legs | | | | Nerve injury | | | |
| Eve surgery to correct vision | | | | Frequent indigestion | | | | Paralysis (including infantile) | | | |
| Lack vision in either eye | | | | Stomach, liver or intestinal | | | | Epilepsy or seizure | | | |
| Wear a hearing aid | | | | Gall bladder trouble or gallstones | | | | Car, train, sea or air sickness | | | |
| Stutter or stammer | | | | Jaundice or hepatitis | | | | Frequent trouble sleeping | | | |
| Wear a brace or back support | | | | Broken bones | | | | Depression or excessive worry | | | |
| Scarlet fever | | | | Adverse reaction to medicine | | | | Loss of memory or amnesia | | | |
| Rheumatic fever | | | | Skin diseases | | | | Nervous trouble of any sort | | | |
| Swollen or painful joints | | | | Tumor, growth, cvst, cancer | | | | Periods of unconsciousness | | | |
| Frequent or severe headaches | | | | Hernia | | | | Parent/sibling with diabetes, cancer, stroke or heart disease | | | |
| Dizziness or fainting spells | | | | Hemorrhoids or rectal disease | | | | X-ray or other radiation therapy | | | |
| Eye trouble | | | | Frequent or painful urination | | | | Chemotherapy | | | |
| Hearing loss | | | | Bed wetting since age 12 | | | | Head Lice | | | |
| Recurrent ear infections | | | | Kidney stone or blood in urine | | | | Plate, pin or rod in any bone | | | |
| Chronic or frequent colds | | | | Sugar or albumin in urine | | | | Easy fatigability | | | |
| Severe tooth or gum trouble | | | | Sexually transmitted diseases | | | | Been told to cut down or criticized for alcohol use | | | |
| Sinusitis | | | | Recent gain or loss of weight | | | | Used illegal substances | | | |
| Hay fever or allergic rhinitis | | | | Eating disorder (anorexia, bulimia, etc...) | | | | Used tobacco | | | |
| Head injury | | | | Arthritis, Rheumatism, or Bursitis | | | | | | | |
| Asthma | | | | Thyroid trouble or goiter | | | | | | | |



Sports Physical Form (SF 93) Page 2 of 2

| 11. FEMALES ONLY | | | | | | |
|-------------------------------|-----|----|------------|-------------------------------|------------------------|--|
| CHECK EACH ITEM | YES | NO | DON'T KNOW | DATE OF LAST MENSTRUAL PERIOD | DATE OF LAST PAP SMEAR | |
| Treated for a female disorder | | | | | | |
| Change in menstrual pattern | | | | | | |

Pregnancy exam must be conducted. Results - Negative Positive

| | YES | NO | If you answered "yes" to any questions on page 1, use the space below to explain: |
|--|-----|----|---|
| 12. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details) | | | |
| 13. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred) | | | |
| 14. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital) | | | |
| 15. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the last 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic and details) | | | |
| 16. Have you ever been diagnosed with a learning disability? (If yes, give type, where and how diagnosed) | | | |

17. IMMUNIZATIONS (PHYSICIAN MUST ANNOTATE DATE OF IMMUNIZATION AND INITIAL)

Students **MUST** have the following immunizations for admittance into the Discovery Challenge Academy

| | |
|--|---|
| _____ Tdap (Adacel within 10 years) Date _____ | _____ Seasonal Flu (January Class Only) Date _____ |
| _____ TB Test (Within 1 year of class start date) Date _____ (If Positive please provide chest x-ray results) | _____ HPV (Males and Females, Must begin series) Date _____ |
| _____ TB Results Date _____ NEG POS INITIALS | _____ MCV4 (Within 5 Years) Date _____ (Booster shot required if menacra shot was received before the age of 16) |

I certify that I have reviewed the foregoing 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 Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

| | | |
|--|----------------|-----------|
| 18a. TYPED OR PRINTED NAME OF EXAMINEE (STUDENT) | 18b. SIGNATURE | 18c. DATE |
|--|----------------|-----------|

19. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)

If History Of Asthma, is Inhaler Needed Yes No N/A

| | | |
|---|----------------|-----------|
| 20a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER (Must be MD, DO, PA, NP) | 20b. SIGNATURE | 20c. DATE |
|---|----------------|-----------|



San Joaquin County
Office of Education

Behavioral Health Requirement

If you have ever received counseling services, or have been hospitalized for counseling/behavioral health reasons, please provide an evaluation report from the treating Therapist/Psychiatrist along with your application.

Below is a questionnaire to assist you in determining whether or not this is necessary documentation for you. If you answer yes to any of the below questions, you will be required to provide this documentation.

1. Have you ever been hospitalized for any counseling/ behavioral health reasons?
2. Have you ever been given a diagnosis from a treating Therapist/Psychiatrist? (i.e.: Depression, Bipolar Disorder, Conduct Disorder, Oppositional Defiant Disorder, etc.)?
3. Have you ever been prescribed medication for a diagnosis given to you by a treating Therapist/Psychiatrist, regardless of whether you took it or not?

This documentation is required so that the Counseling department may review it. Your application will not be processed until this information is included.

If you have any questions, please contact the Counseling department at (844) 633-3301



San Joaquin County
Office of Education

Discovery Challenge Academy

Certificate of Understanding and Release of Liability,

Please read carefully and sign in all designated places- * If the applicant is 18 years old he/she should enter their own name and enter "N/A" in the second * place.

I*, _____, parent/guardian of, * _____,
(Guardian Name – or Applicant if 18 years old) (Applicant)

(Applicant CA ID#/Residency Card #)

Having applied for enrollment with the Discovery Challenge Academy, also known as the California National Guard Youth Challenge Program, and referred to as the "Academy" in this document, do hereby certify:

1. That I hereby permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes courses, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the duration of the Challenge Program.
2. That the Academy has my permission to release photographs of my child to the media and non-confidential information of my child to the same for publicity or marketing purposes.
3. That the Academy has been explained to me and I understand what the Academy will attempt to do.
4. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the State of California, the officers, agents, employees, successors and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the State of California National Guard, the National Guard Youth Challenge Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

Drug, Alcohol, and HIV Test Acknowledgement

1. I, * _____ parent/guardian of * _____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol as part of their physical examination.
2. I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, STD and HIV.
3. I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.
4. By signing this form I give my consent for these tests.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 20_____

➔ Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____



Education Information

Student Name: _____ **DOB:** ____/____/____
Last First M.I. MM/DD/YYYY

Student SSN: ____-____-____ Age: ____ Gender: Female Male Student Contact #: _____

Parent(s) Name: _____ Parent Contact Phone Number: _____

Last or current High School attended: _____ Last Grade Attended: _____

Name of School _____ Address _____ City and Zip _____
School Phone # _____ School Fax # _____ Date Last Attended _____
Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed

Assigned Guidance Counselor: _____
Name Contact Phone # City State

Any additional contact person at the school: _____
Name Contact Phone # City State

Prior High School attended: (List all prior High Schools below, including Juvenile Hall if Applicable) Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
School Phone # _____ School Fax # _____ Date Last Attended _____
Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed

Prior High School attended: (List all prior High Schools below, including Juvenile Hall if Applicable) Last grade attended at this school: _____

Name of School _____ Address _____ City and Zip _____
School Phone # _____ School Fax # _____ Date Last Attended _____
Was this school in California? YES NO

Check type of school: High School Public / Private / Charter / Home School / Community School / Independent Study / Adult Ed



Student Education (Cont. pg. 2)

Are you a high school drop out? YES [] NO [] If yes, please tell us why you decided to drop out? _____

What is your current grade Level? _____ How many credits have you earned? _____ Are you behind in credits? YES [] or NO []

In what grade should you be? _____ How many credits are you behind? _____ Number of credits district requires to graduate? _____

Do you have an IEP (Individualized Education Program)? YES [] NO [] If yes, what is the date of the current IEP meeting? _____

If you have an IEP you MUST attach the most recent copy of the IEP. Also you must submit the most recent copy of the Psycho-Educational/Evaluation Report.

Your application will not be reviewed until we receive these documents.

Are you receiving, or have you ever received, Special Education Services? YES [] NO []

This will not disqualify anyone from the program. We need to know the needs of each student, so that we can best meet his/her individual needs. If yes, what services were you receiving, i.e., Resource Specialist Program (RSP), Speech/Language, etc. _____

Were you ever assigned to a Special Day Class (SDC) or attended a Non Public School (NPS) program? YES [] NO []

Have you ever been suspended? YES [] NO [] Please Explain: _____

Have you ever been expelled? YES [] NO [] Please Explain: _____

How many truancies (unexcused absences) have you had in the last school year? _____

DO NOT WITHDRAW FROM SCHOOL UNTIL YOU ARE ACCEPTED INTO THE DISCOVERY CHALLENGE ACADEMY!!

Signature of Parent/Guardian: _____ Date _____

Signature of Parent/Guardian: _____ Date _____

Signature of Applicant: _____ Date _____



Discovery Challenge Academy Legal Information

Applicant's Name: _____

Please Note: We cannot accept any applicant who has been adjudicated 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. If you are on probation you must have your probation officer sign this form. ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DENIAL OR TERMINATION FROM PROGRAM

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!

Table with 4 columns: Date, Nature of Offense or Violation, Law Enforcement Agency, Outcome. Rows a, b, c.

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

3. Are you currently awaiting a hearing or sentencing? YES NO
4. If you are awaiting a hearing or sentencing, what is the scheduled date? _____

We cannot accept anyone with a pending court case that is scheduled after the program starts.

5. Where will the hearing or sentencing take place? (What City, County) _____

6. Are any of these charges a felony? YES NO Are you on a "deferred entry of judgment? YES NO
A. If "YES", which one(s): _____

7. Are you currently on probation? YES NO For how long? _____ is it Formal or Informal
A. Who is your probation officer: _____
B. What is your probation officer's phone number: _____

Signature of Probation Officer: _____ Date: _____

8. Are you currently doing community service? YES NO
9. If yes, how many hours do you have pending? _____

10. Are there any current or pending Protective or Restraining/Harassment Court Orders that prohibit contact of any kind in regards to the individual applying for the academy? YES NO

A. If "YES", disclose the following: Full Name, Relationship, Order Expiration Date
Signature of Parent/Guardian Date
Signature of Parent/Guardian Date
Signature of Applicant Date



San Joaquin County
Office of Education

MENTOR APPLICATION

P.O. Box 1189, Lathrop, Ca 95330-1189 Mentor Coordinator: (844) 633-3301

“Mentors Change Lives”

What is a Mentor?

A mentor is a person or friend who guides a less experienced person by building trust and modeling positive behaviors. An effective mentor understands that his or her role is to be dependable, engaged, authentic, and tuned into the needs of the mentee.

Applying Cadet’s Responsibilities: Please give this mentor application to someone that you feel is going to be a positive influence over your life. The Mentor Candidate should meet some of the following characteristics:

- Good listener
- Honest
- Successful Career
- Nonjudgmental
- Able to network and find resources
- Willing to devote time to developing others

Basic Mentor Qualifications: Discovery Mentor Applicants **MUST** meet the following:

- Be at least 25 years old
- Must be employed, in school, or retired
- A good role model
- The same gender as the cadet
- Live no more than 50 miles from cadet
- Commit the entire 17 ½ month program
- Must pass a Department of Justice background check

Basic Mentor Disqualifications: You CANNOT be a Mentor at Discovery if:

- You have been convicted of a sexual related crime
- Live more than 50 miles from the cadet
- Live in the same household as the cadet
- Are a relative of the cadet (blood relative or married into the family)
- Boyfriend/girlfriend of cadet’s parent
- Opposite sex of the cadet

I qualify and want to be a mentor. What now?

Please **READ** and fill out the mentor application in its entirety. *Make sure to include a copy of your valid state driver’s license and auto insurance with the application.* We do require a lot of information but your privacy is of the utmost importance to us. **ALL MENTOR INFORMATION WILL REMAIN CONFIDENTIAL.** The student does not need to see your application. Your application can be in a sealed envelope for privacy, mailed into the academy, or faxed to us directly. Thank you for considering being a mentor for a Discovery Candidate. The rewards are well worth the time involved. It is a serious commitment, so think it over carefully. We are not looking for saints, if you have any questions about your eligibility; please contact the office at (844) 633-3301. Thank you for your time and consideration.



Applicant's Name: _____

Mentor Program Explanation

Thank you for considering being a mentor for a Discovery Challenge Academy candidate. Discovery Challenge Academy is a unique opportunity for a young person who has dropped out, or is struggling in school. It truly is a "second chance" to turn a life around. *A very important part of this program is the involvement of mentors. When a cadet has a mentor who is committed to help him 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 is life changing.....for both of you. Here is a brief description of what is involved in the Mentor Program at DCA.

- Each student must provide **ONE** mentor application, to be accepted into the program. A "friendly match" where the cadet and mentor know each other is recommended. **Mentor Initials:** _____
- The Mentor will complete an interview with Challenge staff; each character reference will also be contacted. **Mentor Initials:** _____
- Each Mentor will submit information for DOJ Live Scan background screening, conducted at DCA. **Mentor Initials:** _____
- The mentor will attend **TWO** mandatory mentor training session at the **Discovery Youth Challenge Academy**. Training is a requirement and is conducted on intake day, and approximately 8 weeks later. **Mentor Initials:** _____
- Mentors and cadets **MUST** communicate during the residential phase. Cadets will be making 5 minute phone calls to their mentor every other week beginning within the first 4 weeks of the program. Mentors and cadets will be writing each other at least one letter per week beginning in week 1. **Mentor Initials:** _____
- Mentors are invited to visit their cadets on specified days. Visits are not mandatory, but highly encouraged. We understand that you might live far from Lathrop so if you can't visit, you should be writing or e-mailing your cadet through their case manager often to build the relationship while the cadet is at the academy. **Mentor Initials:** _____
- The cadets will develop a "life plan" or MAP, My Action Plan (their goals for the future) while at Discovery. Mentors will get a copy of the MAP and review it often with the cadet during the 12 month phase after the cadet returns home. **Mentor Initials:** _____
- The mentor and cadet must live within a 50 mile radius of each other when the cadet returns home so that they can meet regularly and maintain the relationship. Mentors and cadets will meet a minimum of 4 hours a month. Face to face visits are the preferred method of contact. This commitment, including the residential and post-residential phase is a total of 17 ½ months. **Mentor Initials:** _____
- Mentors will play an important role encouraging the cadet to enroll in school, get a job, and stay on the right path (these are cadet requirements for the post-residential phase). **Mentor Initials:** _____
- The mentor will send a report to the Academy once a month for 12 months following graduation. This can be done on-line, mailed, faxed, phoned, or e-mailed to your assigned case manager at DCA. It is very short and easy to complete. **Mentor Initials:** _____
- Discovery Challenge Academy must report cadet statistics to the Congress of the United States to show that this program is making a difference. The mentor report is critical to this process and the continued funding of the program. **Mentor Initials:** _____

I have read the Mentor Program Explanation and understand what is required. By signing below I agree to the prescribed mentoring terms stated above.

Mentor's Signature: _____ **Date:** _____



Applicant's Name: _____

Dear Mentor: Please PRINT clearly. This information is confidential. The entire application with proof of auto insurance and copy of driver's license can be sealed in an envelope for privacy purposes, but must accompany the student application. All fields are required information.

First Name: _____ Middle Name: _____ Last Name: _____

How many miles do you live from the applicant's home? _____ Male Female Relationship (if any) _____

Marital Status: _____ Ethnicity: _____ Date of Birth: _____ Social Sec #: _____

Drivers License #: _____ Expiration Date: _____ Do you have your own transportation? Yes No

Occupation: _____ Employer: _____ Employment Status: _____

Highest educational level achieved: High School Technical School College/University Other _____

Students must be able to contact their mentor:

Home Phone: (____) _____ Work Phone: (____) _____ Ext: _____ Cell Phone: (____) _____

E-Mail Address: _____

Home Address: _____

| | | | |
|----------------|-------|----------|--------|
| Street Address | Apt # | | |
| City | State | Zip Code | County |

Have you previously been a DCA Mentor? Yes No If yes, Name of Cadet: _____

Are you the parent of a DCA student or graduate? Yes No If yes, Name of Cadet: _____

Do you understand that this commitment is for 17 1/2 months? Yes No

Please explain your present use of alcohol or any other drugs. _____

Please explain your past use of alcohol or any other drugs. _____

Why do you think you will make a good mentor for this student? _____

What attitudes and beliefs are of special importance to you? _____

What are some interests or hobbies of yours that you feel you can share with your cadet? _____

What are some of your past experiences with youth/children? _____

Please provide the following information for 2 people that you have known for at least 5 years and can provide you with a good character reference:

Name: _____ Relationship: _____ E-mail: _____
Phone #: (____) _____ Alt Phone #: (____) _____

Name: _____ Relationship: _____ E-mail: _____
Phone #: (____) _____ Alt Phone#: (____) _____



Applicant's Name: _____

Mentor Application Continued...

Have you ever been involved in, investigated for, arrested and/or convicted of any crime? Yes No

Have you ever been convicted of a sex-related crime? Yes No When: _____

Have you ever been convicted of a crime involving violence, or the threat of violence? Yes No When: _____

Have you ever been convicted of a crime involving drugs and/or alcoholic beverages? Yes No When: _____

Are any of these crimes a felony? Yes No

Crime _____ When _____ Please Explain: _____

Are you on probation? Yes No Parole? Yes No Have you ever been on probation? Yes No Parole? Yes No

If yes to the above questions, please explain. _____

Contact the Mentor Coordinator if you have concerns regarding past offenses and your eligibility as a mentor. Anything discussed will remain strictly confidential.

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS AND RELEASE OF LIABILITY (permission for background check)

In accordance with the Privacy Act of 1974 or other applicable law, I hereby authorize and consent to the release of information and records bearing on my personal history, arrest, and convictions, in any way to special agents of the Department of Defense or California Military Department. Upon request, a copy of this signed statement may be furnished to the school, present or former employer, criminal justice agency or other person furnishing such information or record. This information will be used for the purpose of determining my eligibility as a participant as a Mentor with the Discovery ChalleNGe Academy.

Mentor's Name: _____ County of Residence: _____

S. S. #: _____ Driver's License #: _____ State: _____

Place of Birth: _____ Date of Birth: _____ How long have you lived in California? _____

Other states lived in? _____ Maiden Name/ Other Names Used: _____

Mentor Liability Release

The term "DCA" refers to, and is meant to include the State of California, the California National Guard, the California Youth Challenge Program, and the Discovery ChalleNGe Academy for purposes of the release:

I understand and agree that I will be the one actually spending time with my matched cadet, and that I must exercise care in supervising my cadet while we are together. I also understand and agree that I am not a "DCA" agent, and that I am responsible for choosing and conducting all activities with my cadet and that "DCA" does not retain any power to control how these activities are conducted. I therefore agree that "DCA" will not be liable for, and I agree to hold "DCA" harmless from all liability, causes of action, and losses imposed on it in any way related to or arising out of this mentoring agreement, including, but not limited to, liability for personal injuries, whether the liability, cause of action, or loss is caused by my negligence, or "DCA" negligence or otherwise. I further release "DCA" from any and all liability claims, demands, actions, or causes of action whatsoever arising out of any damage, loss, or injury I might incur while participating in any of the activities contemplated by this mentoring agreement, whether such damage, loss or injury is caused by the negligence of "DCA", its officers, agents, servants, employees, or otherwise. I understand that "DCA" will release my name, address, and phone numbers to other mentors for the purpose of coordinating mentor/cadet activities, unless otherwise specified by me. All of the information I have given is true.

Mentor Signature: _____ Date: _____