

# DEFY Staff Mentor Application

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 Any misuse or unauthorized disclosure may result in both civil and criminal penalties

Note: Copies of certificates, licenses, and other qualification documentation must be attached to this application.

## Personal Information

Name		Rate/Rank	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large				
Home Address				
Home Phone	Work Phone	Cell Phone	Email Address	
Emergency Contact (Name, Relationship)		Address		Phone
Command / Employer			Position	
Command / Employer Address				Phone
Supervisor Name		Supervisor Phone		Under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you interested in becoming a DEFY mentor?				

## Scheduled Program Dates (LPC Fill-in)

PHASE I	PHASE II
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## References

List three adult people, not related to you, who have known you for a minimum of 2 years on a personal basis.

Name	Address	Phone

# DEFY Staff Mentor Application (CONTINUED)

## Availability

Please indicate your availability (a.m., p.m., all day)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

- Yes  No Are you available for the entire DEFY program year?
- Yes  No Are you available for an intensive 5 or 8 day Phase I Summer Leadership Camp?
- Yes  No Are you available to meet once a month during the school year to mentor DEFY youth?
- Yes  No Are you CPR qualified? If yes, expiration date:

Please check which skill areas you have and are willing to share with the DEFY youth:

Classroom / Tutoring

- |   |  |
|---|--|
| <input type="checkbox"/> Reading                      | <input type="checkbox"/> Language (Specify): |
| <input type="checkbox"/> Writing                      | <input type="checkbox"/> Math                |
| <input type="checkbox"/> Science                      | <input type="checkbox"/> Spelling            |
| <input type="checkbox"/> Physical Education / Fitness | <input type="checkbox"/> Music               |
| <input type="checkbox"/> Art                          | <input type="checkbox"/> Computer Skills     |
| <input type="checkbox"/> Other:                       |  |

Hobbies / Interests / Other Skills:

## Previous Youth Program Experience (Attach separate sheet if necessary)

Dates	Name and Location of Program	Position	Responsibilities, duties, experience

# DEFY Staff Mentor Application (CONTINUED)

## Criminal History

Have you ever been convicted of a felony?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been convicted of a crime involving a child or sexual offense?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been arrested or charged with substance abuse felony?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have your parental/guardian or custodial rights been terminated due to child abuse (sexual, physical, emotional, psychological)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you now or ever have been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever been refused participation in or had your participation with a foster program terminated for cause?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has your driver's license ever been suspended or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you now or have ever used illegal drugs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you answered yes to any criminal history questions OR there are any facts or circumstances involving you and/or your background that would call into question you being entrusted with the care and supervision of children, please provide details on a separate page.

**Please read the following carefully before you sign below:**

- A false statement on any part of your application will be grounds for rejection of your application, or for removing you as a DEFY mentor after you have been selected.
- I consent to the release of information about my background, abilities and fitness for service as a DEFY staff member by employers, law enforcement agencies, and other individuals and organizations to investigators, personnel staffing specialists, and other authorized employees of the participating DEFY agencies.
- I certify that to the best of my knowledge and belief, all of the above statements are true, correct, complete, and made in good faith.
- I understand that Public Affairs personnel and other media representatives (radio, television, etc.) may be present during DEFY sponsored activities. I hereby give permission to the DEFY Program, military media, and/or civilian media to copyright, use, release, and publish any sound recording, picture, or video image of me taken during these DEFY sponsored activities for any lawful purpose.

**PRIVACY ACT STATEMENT**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (Public Law 93-579) which requires that Federal agencies must inform individuals who are requested to furnish personal information about themselves as to certain facts regarding the information requested above.

1. Principle Purpose. To screen and select volunteer staff members for participation in the DEFY program.
2. Disclosure is Voluntary. If the requested information is not provided, screening may not be conducted and the applicant may not be eligible to serve as a staff member.

I certify that the information contained herein is true and accurate. I hereby give permission for the DEFY program to perform any and all reference and background checks deemed necessary to certify my fitness and appropriateness to serve as a staff member in the DEFY program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recommending Approval

\_\_\_\_\_  
Commanding Officer's Endorsement

\_\_\_\_\_  
Signature, Rate/Rank  
(LPO, Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(DoD affiliated applicants)

\_\_\_\_\_  
Date