

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!



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.





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!





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:
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



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 _____



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 _____



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
(Name of County)

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

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 _____



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			
Eye 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, cyst, 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 <u> </u> NEG <u> </u> POS <u> </u> INITIALS	_____ MCV4 (Within 5 Years) Date (<u>Booster shot required if menactra shot was received before the age of 16</u>)

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
--	----------------	-----------



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



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



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 1/2 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 ½ 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: _____