

New Mexico National Guard Youth ChalleNGe Academy



SCAN TO APPLY

(505) 476-2504

www.nmyca.net

Application Process



Are you eligible?

- Between 16-18 years old
- Dropped out or at risk of dropping out of school
- Mentally & physically capable of participation
- Have not been adjudicated, indicted, or charged with a felony crime or have pending charges
- Willing to be drug free
- Legal resident of US & have valid NM identification
- Voluntarily applying for acceptance

Complete an online application

- Scan this QR code to complete an application today →

Call 505-476-2504 with any questions



Follow us on social media

- Facebook: nmyca
- Instagram & Snapchat: nmngyca
- Twitter: N_M_Y_C_A

Attend an orientation

- RSVP for an upcoming orientation at www.nmyca.net

Orientations are offered both in-person at various locations across NM and via Zoom – please check www.nmyca.net often!

Print & sign additional forms at www.nmyca.net

- Parent/Guardian Statements of Understanding
- Safety & Waiver of Claims Agreement
- Authorization to Release Confidential Information
- Power of Attorney – must be signed by parent/guardian and notarized
- Physical Examination – must be completed by your physician
- Mentor Application – must identify a mentor for Applicant – ask potential mentor to scan this QR code to apply →

Fax all forms to 505-347-9762 -or- Email to youthchallenge.nm@gmail.com



Applicant interview & selection notification

- Complete an interview with an NMNGYCA Recruiter

Not every Applicant will be accepted, and Applicants will be notified via mail



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131 Earl Cummings Loop, Bldg 610 Roswell, NM 88203

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Parent/Guardian Statements of Understanding

Parent/Guardian: please initial to the left of each statement below:

_____ **Communication:** I understand that any falsified information may lead to my Applicant not being considered for acceptance. I also understand that if I am unable to transport my Applicant to NMNGYCA for in-processing, I will ensure all paperwork has been completed prior to Applicant's arrival since I will not be present to sign in-processing documents. NMNGYCA is only responsible for communicating with the parent/guardian listed as the primary contact below. It is the responsibility of the primary parent/guardian to keep other parents and/or family members informed of information regarding the Applicant.

Name of Primary Contact: _____ Relationship: _____

_____ **Legal:** I certify that my Applicant has not been adjudicated, indicted, or charged with a crime considered a felony and is not currently involved with any pending legal cases.

_____ **Safety/AWOL:** I certify that if my Applicant leaves the NMNGYCA campus without proper authorization (AWOL: absent without official leave), I will not hold the NMNGYCA liable for the well-being of my Applicant. I will be notified within a reasonable time of such an occurrence and my Applicant will be reported to local authorities as a "runaway". I agree that if my Applicant is AWOL, it is my responsibility to make arrangements within 30 days to pick up all personal belongings. If arrangements are not made, personal items will become NMNGYCA property.

_____ **Workman's Comp:** During the 22-week residential phase of the Program, cadets will participate in training that could cause injury. If an injury occurs while participating in NMNGYCA-approved training, a federal workman's compensation claim will be filed on your behalf. However, listed below are the stipulations to filing the claim:

- Cadets, while at the NMNGYCA, are neither considered federal employees nor are they a member of the National Guard except under certain provisions of law.
- Cadets shall be considered federal employees only for the purpose of compensation for work-related injuries.
- Cadets will be processed through the Federal Employees Compensation Act (FECA) when injuries are sustained as a result of participation in the program.
- Cadets shall be considered federal employees only when relating to liability of the United States for tortuous (legal) conduct of employees of the United States.
- Cadets shall not be considered to be in performance of duty while not at the assigned location of training or other activity authorized with the program agreement except when the cadet is traveling to or from the location or is on a pass from the training or other activity.
- Cadets, when computing compensation benefits for disability or death, the monthly pay of a cadet shall be deemed that received under the entrance salary for the grade GS-2 Federal Employee.
- Cadets understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the person's participation in the Program is terminated.

_____ **Medical:** I understand that my Applicant must have current and valid medical insurance and that NMNGYCA does not provide medical insurance. It is my responsibility to maintain medical insurance for the duration of the Program. I also understand that my Applicant must be medically cleared by a physician prior to participation in the program and that all medical conditions (injuries, illnesses, special requirements) must be disclosed. If information is not disclosed during the application process, and issues arise because of conditions not disclosed, I understand my Applicant could be medically dismissed until he/she can be cleared to participate, which may require reapplying to the next cycle.

_____ **Education:** I understand that my Applicant cannot be enrolled at NMNGYCA and still be enrolled in public school. I certify that my Applicant has not received a high school diploma or equivalency and will not be enrolled in school upon entry into NMNGYCA.

_____ **Use of Photographs/Personal Information:** I understand that my Applicant's photo, and/or personal information such and name or hometown, may be used by NMNGYCA. I hereby give my consent for such photos and personal information to be used for various publications, including but not limited to cycle yearbook, NMNGYCA website/social media sites, and recruiting materials.

I, _____, the parent/guardian of _____, who has applied for acceptance into the New Mexico National Guard Youth ChalleNGe Academy, have read and understand the above information and, by signing below, I acknowledge my agreement with the information.

Printed Name

Signature

Date



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Safety and Waiver of Claims Agreement

Cycle 42, January 2022 – June 2022

I, _____, Applicant for Cycle 42, and I, _____,
(PRINT APPLICANT NAME) (PRINT PARENT/GUARDIAN NAME)

the parent/guardian of the aforementioned Applicant, acknowledge the COVID-19 risks associated with attending the New Mexico National Guard Youth Challenge Academy (NMNGYCA) and by initialing to the left of each statement below, we agree to the following:

___/___ We will abide by all rules and regulations set forth by the NMNGYCA and any other recommendations and regulations issued by the Centers for Disease Control (CDC) and the State of New Mexico in relation to COVID-19.

___/___ We agree to comply with all COVID-19 mitigation processes and procedures in place for the purpose of protecting the health and safety of other cadets, cadre, and staff.

___/___ We understand the Applicant will be tested for COVID-19 upon arrival and when necessary.

___/___ We understand that the New Mexico National Guard Youth Challenge Academy reserves the right to determine whether the Applicant is sent home due to COVID-19 based on capacity and available resources. I understand it is the responsibility of the Parent/Guardian to pick up the Applicant within 6 hours of notification.

___ As the Parent/Guardian, I am attesting that my Applicant will not be in contact with anyone known to have COVID-19 for at least 14 days prior to attending the NMNGYCA. I understand that my Applicant will not be accepted on in-processing day if he/she is displaying symptoms of COVID-19; including fever, shortness of breath, persistent cough not related to a previously diagnosed health condition, or recent loss of taste or smell.

___ As the Parent/Guardian, I acknowledge it is my responsibility to seek medical guidance on my Applicant's participation in the NMNGYCA.

___ As the Parent/Guardian, I understand that the Personal Health Information (PHI) of my Applicant may be used by the New Mexico National Guard Youth Challenge Academy to protect the health and safety for other cadets and staff. As the Parent/Guardian, I understand that a covered entity may disclose PHI to prevent or lessen a serious and imminent threat to a person or the public; when such disclosure is made, it is believed it can prevent or lessen the threat. The Health Insurance Portability and Accountability Act (HIPAA) permits disclosure of PHI regarding COVID-19 to others charged with protecting the health or safety of the public if it is believed in good faith that the disclosure of the information is necessary to prevent or minimize the threat of imminent exposure to such personnel in the discharge of their duties. See 45 CFR 164.512(j) (1).

___ As the Parent/Guardian, I understand that government agencies maintaining on-site operations must adopt policies to prevent workers from entering the premises if they display respiratory symptoms or have had contact with a person who is known or suspected to have COVID-19, to include screening questions such as: Do you have symptoms of COVID-19 including, but not limited to, fever, cough, or shortness of breath and have you had contact in the last 14 days with someone who is known or suspected to have COVID-19?

As the Parent/Guardian, I waive all claims against New Mexico National Guard Youth Challenge Academy and the New Mexico Department of Military Affairs, which might arise on account of COVID-19, absent gross negligence, or intentionally wrongful conduct by the New Mexico National Guard Youth Challenge Academy personnel.

Parent/Guardian Signature

Date

Applicant Signature

Date



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Authorization to Release Confidential Information

Please print in blue or black ink.

Purpose: This form authorizes NMNGYCA to contact outside agencies and exchange information, if necessary, to ensure your application can be properly reviewed for acceptance.

Applicant Full Name	
Date of Birth (mm/dd/yyyy)	
City & County of Current Residence	

Authorization to Release Information

We hereby authorize the release of all information regarding, but not limited to the following: school attendance and grades, substance abuse history, juvenile referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the New Mexico National Guard Youth ChalleNGe Academy (NMNGYCA) relevant to the health, safety, welfare and quality of life of the aforementioned Applicant.

We understand that these records are protected under federal confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. NMNGYCA follows federal protections for participant privacy in accordance with HIPAA (Health Insurance Portability and Accountability Act) and FERPA (Federal Educational Rights and Privacy Act). HIPAA protects the confidentiality of medical information and FERPA protects the confidentiality of educational records.

We also understand that this authorization is valid from the date of signature and that we may revoke this authorization at any time. This authorization automatically expires upon completion of the post-residential phase of the Program or immediately following termination from the Program, whichever occurs first.

By signing below, we authorize the NMNGYCA staff to request information about the aforementioned Applicant from outside agencies. Please note failure to disclose information or refusal to sign this release could delay your acceptance.

Applicant Printed Name

Applicant Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



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POWER OF ATTORNEY

I, _____, the parent/guardian of _____,
(PRINT PARENT/GUARDIAN NAME) (PRINT APPLICANT NAME)

hereby appoint the staff of the NM National Guard Youth Challenge Academy, located at 131 Earl Cummings Loop, Roswell, NM, to serve as my true lawful attorney(s)-in-fact to do the following in my name and on my behalf for the applicant listed above. Acknowledged by my initial to the left of each item, my attorney(s) in-fact shall have the power to make any and all decisions regarding the following items:

- _____ Medical, Mental Health, Dental and Vision treatment, to include dispensing of prescription and/or over the counter medication
- _____ Assistance in obtaining New Mexico Identification and/or other personal identification documents, such as social security card or birth certificate
- _____ Participation in all Academy activities, including but not limited to physical activities such as rappelling and weightlifting, as well as off-campus activities
- _____ Request of all records, including juvenile court, school/academic, medical/mental health
- _____ Permission to authorize testing for all exams deemed necessary by NMNGYCA, including drug/physical/academic testing
- _____ Transportation of Applicant via air/ground for various NMNGYCA-sponsored activities and medical appointments. This includes authorization to arrange for transportation to Applicant's home of record if terminated from the Academy (payment for which parent/guardian is responsible).

This Power of Attorney shall expire, becoming null and void, after the 22-week residential phase is completed or the Applicant is otherwise terminated from the NMNGYCA.

_____	_____
Father/Legal Guardian Signature	Date
_____	_____
Mother/Legal Guardian Signature	Date
_____	_____
Applicant Signature (if 18)	Date

*Both parent(s)/guardian(s) must sign if they have joint custody of the Applicant.

NOTARY

State of New Mexico, County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By _____.

_____	_____
Notary Signature	Comm. Expire



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Physical Examination Form

This form should be filled out by the Applicants' Primary Care Physician

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

Date of Exam: _____ Height: _____ Weight: _____

Are there any PRE-Existing injuries/illnesses that NMNGYCA should be aware of? _____

General appearance: _____

Has the applicant tested positive for COVID? _____ YES _____ NO Date tested: _____

Any lasting effects/symptoms? _____

Vitals: Temp _____ Pulse _____ Resp _____ BP _____

Physical Examination

	Normal	Abnormal/Findings	Initials
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands			
Hip/Thigh			
Knees			
Leg/Ankles			
Feet			
Breast (female)			
Genitalia (males)			
TB skin test given	Date:	Results:	Date Read:
Flu Vaccine Given	Date:	Manufacturer:	
	Lot:	Exp:	

_____ **Physically Qualified.** The patient is cleared to participate in all forms of physical activity to include but not limited to, running, marching, push-ups, sit-ups, and pull-ups.

_____ **NOT Physically Qualified.** The patient is not physically qualified to participate in the above physical activities due to findings listed above.

Physician Printed Name

Physician Signature

Phone Number

New Mexico National Guard Youth ChalleNGe Academy

MENTOR PROGRAM



Mentors change lives!

(505) 476-2506

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SCAN CODE ABOVE TO
BECOME A MENTOR TODAY!