



VOLUNTEER MENTOR APPLICATION - 2020

Kinship of Morrison County

Our acceptance of your application is no assurance that an appropriate match with a child can or will be made. The decision on a volunteer's placement or continuation with a particular child is made by the parent of that child and Kinship of Morrison County staff.

How did you hear about Kinship? (check all that apply)

- Newspaper article / photo
- Speaker at event
- Kinship youth / parent
- Kinship volunteer
- Radio ad / interview
- Kinship's website
- Facebook
- Other: _____

Today's Date: _____

Name: _____
 First Middle Last Maiden

Address: _____
 Street City/State Zip

How long have you lived at this address? _____ Date of Birth: _____

List all states you have lived in during the past 10 years: _____

Home phone: _____ Cell phone: _____

Email: _____

HOW DO YOU PREFER TO BE CONTACTED (check all)?

- Home phone
- Cell phone
- Email
- Text (at this # _____)

EMERGENCY CONTACT (name, relationship & phone #): _____

FAMILY / LIVING STATUS: (please check appropriate response)

- Single
- Married
- Widowed
- Divorced
- Separated
- Roommate

If married, spouse's name _____ Number of years married _____

Name, age & gender of each child(ren): _____

How many of these children are currently living in your home? _____

EMPLOYMENT:

Current employer _____ Position _____

Address & Phone # _____

Can you be called at work? _____ Length of time at this job _____

Does your employer have a matching funds plan for charitable donations? _____

EDUCATIONAL RECORD: (School name and number of years completed)

Elementary _____

High School _____

Technical College / College & Major _____

MILITARY SERVICE:

Time served _____ Branch _____ Highest Rank _____
Date and Kind of Discharge _____

VOLUNTEER RECORD:

List service clubs, organizations, or other volunteering you've done:

Are you affiliated with a church? _____ If so, which? _____

List your past volunteer or work experience(s) with children or youth:

HEALTH:

How would you describe your present health?

Poor Fair Good Excellent

Any physical limitations or concerns? _____

List prescription medications taken on a regular basis _____

Describe your current level of alcohol use. _____

Do you smoke? _____

Are there any present or past experiences, events or conditions which may be relevant regarding your relationship with a child? (if yes, please explain):

Physical condition _____

Mental illness _____

Chemical dependency _____

Counseling / Therapy / Treatment _____

Have you ever been arrested? _____ if yes, please explain:

TRANSPORTATION:

Do you have a valid MN driver's license? _____

Do you have your own car? _____ Make _____ Model _____ Year _____

Color _____ License Plate # _____

Do you have current vehicle insurance as required by state law? _____

Have you had any moving violations or accidents in the last 5 years? _____

Please describe

*NOTE: Kinship staff requires a photocopy of your valid Driver's License and also your current proof of insurance. Either copy them and include them with this application, or you will need to bring them to the office to be copied.

PERSONAL DATA:

Do you anticipate any major life changes within the next year? (personal, vocational, or residential)

Please list your interests, hobbies, and favorite activities:

ACTIVITIES AND INTERESTS SURVEY

Please check the activities you enjoy or would like to try

WOODS & FIELD	SPORTS	ARTS & HOBBIES
Bike Riding	Badminton	Art Museums
Camping	Baseball	Drawing
Croquet	Basketball	Making Crafts
Cross Country Skiing	Football	Model Making
Picnicking	Golf	Painting
Roller Skating / Blading	Hockey	Photography
Sledding	Roller Skating / Blading	Reading
Snowmobiling	Running / Jogging	Scrapbooking
Snowshoeing	Soccer	Sewing / Knitting
Walking / Hiking	Softball	Woodworking
Hunting	Swimming	Writing Poems
Target shooting	Tennis	Writing Stories
Archery	Volleyball	Play Musical Instrument
Snow boarding	Wrestling	Role playing
4 wheeling	Weight Lifting	Dancing
	Tae Kwon Do	Singing
STAYING IN	YMCA / "The Gym"	Carving / Whittling
Assemble a puzzle		Collections: (list below)
Collections	GOING OUT	
Foosball / air hockey	Shopping	
Play board games	To a fair (county / state)	
Play card games	To a zoo	ANIMALS
Play pool	To auto racing	Pets
Visiting / Talking	To museums	Humane Society
Watch a movie	To music concerts	Farm Animals
Watch sports on tv	To plays / musicals	Favorites: (list below)
Cooking / Baking	To sporting events	
Canning	To the library	
Play ping pong	To the movies	
Playing video games	Mini golf	ON THE WATER
	Bowling	Boating
HEART & SOUL	Playing pool / darts	Canoeing
Bible Study		Fishing
Going to Church	GET DIRTY HANDS...	Ice Skating
My faith	Auto mechanics	Sailing
Youth Group	Gardening	Swimming
	Farming	Water Skiing
	Fix things	

Is there anything you dislike or cannot do?

Is there anything new you have been hoping to learn to do?

REFERENCES:

We request that you give us four references who can confidentially attest to your character, personality, strengths & weaknesses and your willingness to follow through on commitments; basically they will be asked to give a snapshot of who you are as a person, and potential mentor, through their eyes. Please give names, **complete mailing addresses, phone numbers & emails (if available)** for the following references. Please notify them that they will receive either an email or letter in the mail to complete the reference check.

All information provided by your references is vital to our screening process and is confidential. You will not be able to view the forms your references complete.

Family member or relative

Name _____ Relationship to you _____
Phone # _____ Email _____
Address _____
City _____ State _____ Zip _____

Employer or Co-Worker

Name _____ Relationship to you _____
Phone # _____ Email _____
Address _____
City _____ State _____ Zip _____

Friend or Neighbor

Name _____ Relationship to you _____
Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

Other (Instructor, Minister, School Counselor, etc.)

Name _____ Relationship to you _____
Phone _____ Email _____
Address _____
City _____ State _____ Zip _____

PROBLEM AREAS:

Have you had (in the past 12 months) an issue with, or any accusations of, or any involvement with, any of the following areas? If so, please explain.

- **Alcohol / Tobacco abuse:** No: Yes: Explain:
- **Other substance abuse:** No: Yes: Explain:
- **Behavioral issues:** No: Yes: Explain:
- **Sexual inappropriateness:** No: Yes: Explain:
- **Addiction to electronics** No: Yes: Explain:
 (i.e. social media, texting, etc.)

VOLUNTEER / MENTOR CODE OF CONDUCT / RELEASE FORM - 2020

As a Kinship of Morrison County volunteer I will:

- Conduct myself in an exemplary fashion while serving as a mentor, as I am a representative of Kinship of Morrison County. I will respect the property & rights of others with respect to noise, language, conduct and dress.
- Support others physically, verbally and emotionally through all relationships established through Kinship (my Kinkid, my Kinkids's family, Kinship staff, other Kinship volunteers & Kinship youth)
- Promise to protect against and prevent child abuse, whether physical or emotional, through my own actions and involvement in Kinship, and by reporting any suspected occurrences of child abuse to the appropriate authorities.
- **Acknowledge that Kinship of Morrison County does not have insurance coverage for the following areas: bungee jumping, parachuting, skydiving, parasailing, hang gliding, flying in a private plane, racing, travel outside of the USA or riding a scooter. Several other activities are considered higher risk (i.e. hunting, motorcycle riding, overnight stays, etc.) but are allowed. If I, along with my Kinkid, want to do them, I will complete a release form and submit it to Kinship PRIOR to doing the activity.**

As a Kinship of Morrison County volunteer, I must NOT:

- Consume lawfully obtained alcohol or tobacco in the immediate presence of Kinship youth; have in my possession, buy, sell or give away, any other controlled substance including steroids.
- Take part in any violent verbal or physical behavior; be it racial, sexual, or religious, for the effect of creating an intimidating, hostile, or offensive working environment for Kinship youth, staff, mentor(s) or volunteer(s).
- During Kinship events/activities, have or use illegal weapons, fireworks and firecrackers.
- Use social media / texting / electronics in an offensive / inappropriate manner in regards to youth or adults enrolled in Kinship (i.e. sexting, slanderous comments, taking inappropriate pictures, etc.)
- Leave any event(s)/activity(ies) without notifying the Kinship staff person, mentor, or volunteer in charge.

Publicity Release

Kinship utilizes a variety of media venues to promote our youth mentoring program. Venues include, but are not limited to: LF Radio, MC Record, Kinship's website, Facebook, direct emails, etc. By signing below, you give Kinship permission to use the following in promotional materials & media releases: Your first & last name, Kinship related photograph including you and a description of your interests & Kinship involvement. Please let the Kinship office know at any time if you no longer grant permission for Kinship to include you in its publicity efforts.

Release of all Claims

I understand Kinship of Morrison County conducts a variety of activities any which carries with it the possibility of accident or injury. In addition, I understand that my match (if applicable) will also do a variety of activities on our own which have the possibility of accident or injury. It is my responsibility to act safety & within program guidelines of activities. Knowing this, I give up the right, forever, for all people, to accuse Kinship of Morrison County, Inc. for injuries or damage happening to myself on all Kinship sponsored activities & match interactions conducted throughout the 2018 year. By giving up the right to make a claim, I am releasing Kinship of Morrison County, Inc. from responsibility for any or all damages to myself resulting from participating in these activities. Furthermore, by signing this release, I indicate that I have adequate health coverage should I become injured during an activity.

Confidentiality Statement

I hereby agree to regard all information received in the performance of my volunteer/mentor work for Kinship of Morrison County as confidential. I understand that Kinship of Morrison County respects its clients, staff, volunteers and mentors rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer/mentor duties and to keep "professional" confidentiality in all my statements outside the agency.

My Agreement & Affirmation of Truth

I have read and agree to abide by the rules of conduct as stated above. I affirm that the information and answers throughout this application are truthful & accurate. I understand that misrepresentation of my personal information and history could result in termination or non-acceptance in the Kinship youth mentoring program. I also understand that any infraction of the behavioral rules will be sufficient cause to prevent my participation in Kinship events/activities and/or for my participation to be terminated. Kinship does not discriminate for reasons of race, religion, national origin, gender or sexual orientation. Final approval for all matches is given by the parent / guardian of the child.

Signature

Date

Kinship of Morrison County
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