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## Child / Youth Application - 2025

Today's date: \_\_\_\_\_ Child's current age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City Zip

Parent / Guardian Name \_\_\_\_\_

\*in this application, *the parent or guardian is referred to as parent*. Please circle if child lives with PARENT or GUARDIAN (if guardian, what the relationship to the child \_\_\_\_\_)

Home phone \_\_\_\_\_ (circle landline or cell) Add'l parent cell# \_\_\_\_\_

Parent's email \_\_\_\_\_ Child's ph# \_\_\_\_\_

Emergency Contact (other than parent)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Ph# \_\_\_\_\_

Is parent employed (if so, list place of employment including city, ph #, and hours normally worked)?  
\_\_\_\_\_

Can parent be called at work? \_\_\_\_\_ If so, parent's work phone \_\_\_\_\_

Parent status: (please circle one)

Single Married Divorced Separated Widowed

Parent's spouse's, fiancée's or significant other's name \_\_\_\_\_

Please list names & ages of everyone living in the home, along with their relationship to this youth.

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Is non-custodial parent living? \_\_\_\_\_ If so, list their name (include ph# & address if he or she is actively involved in this child's life, i.e. has regular visits) \_\_\_\_\_

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How often does non-custodial parent see the child? \_\_\_\_\_

Would this parent have any objections to your child's participation in Kinship? \_\_\_\_\_

Child's Grade & School \_\_\_\_\_

Teacher/Counselor \_\_\_\_\_

Is child affiliated with a church? \_\_\_\_\_ If yes, which? \_\_\_\_\_

How would you describe your child's personality and temperament? \_\_\_\_\_

Circle any you feel apply to your child:

Cooperative	Energetic	Shy	Outgoing	Follower	Nervous	Quiet	Passive
Talkative	Friendly		Confident	Leader	Aggressive	Athletic	Angry

Briefly describe your relationship with your child: \_\_\_\_\_

Describe your child's friendships w/ other:

Kids \_\_\_\_\_

Adults \_\_\_\_\_

Has your child ever received counseling or other assistance in school or elsewhere? If yes, please

Describe \_\_\_\_\_

Are you currently receiving counseling as a family? \_\_\_\_\_

Does your child have any special problems (health problems, allergies, learning disabilities, behavior disorders) a volunteer should be aware of? \_\_\_\_\_

What are some of your child's special interests or favorite activities? \_\_\_\_\_

I give my permission for my child to participate in the Kinship program. I also give my permission and consent for Kinship of Morrison County to contact my child's school and any other community professionals (health and social service agencies) who may be involved with our family for the purpose of determining my child's eligibility and appropriateness for the Kinship program. This information may also be used to help in selecting an appropriate volunteer for my child.

Child/Youth Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Today's Date: \_\_\_\_\_ Signature \_\_\_\_\_

## **PARENT'S GOALS FOR YOUTH JOINING KINSHIP**

Consider the following areas for goal-setting for your child. Please note what you would like to see changed or improved in these areas. Examples could include learning a new hobby, improvement in grades, etc.

1. Academic / School:

2. Relationships / Social / Behavior:

- At Home:

- Away from Home:

3. Skills / Hobbies / Interests:

## CHILD / YOUTH MEDICAL INFORMATION

Name: \_\_\_\_\_

Name of insurance company & policy number \_\_\_\_\_

Doctor / Clinic & Ph # \_\_\_\_\_

Diagnosed conditions / illnesses / allergies \_\_\_\_\_

Medications taken on regular basis \_\_\_\_\_

Activities prohibited for health reason \_\_\_\_\_

## CHILD / YOUTH CODE OF CONDUCT

**Has your child had (in the past 12 months) involvement and issues with any of the following areas? If so, please explain.**

- **Alcohol / Tobacco / Substance Abuse:** \_\_\_ No \_\_\_ Yes (explain)
- **Behavioral issues:** \_\_\_ No \_\_\_ Yes (explain)
- **Sexual inappropriateness:** \_\_\_ No \_\_\_ Yes (explain)
- **Bullying:** \_\_\_ No \_\_\_ Yes (explain)
- **Overuse of electronics** \_\_\_ No \_\_\_ Yes (explain)

### **Kinship Code of Conduct / Release of all Claims (read separate pages)**

I have read and accept the Kinship Code of Conduct & will abide by the rules of conduct as stated. I agree that my parent's answers to the issues listed above are accurate. I also understand that any infraction of the behavioral rules will be sufficient cause to prevent my participation in Kinship activities and/or for my participation in Kinship to be terminated.

**Youth Signature:** \_\_\_\_\_

I (we) have read & accept the Kinship Code of Conduct & Release of all Claims. I agree that all information on this form is accurate. I (we) hereby authorize our son/daughter to participate in Kinship of Morrison County mentoring program on these terms. I further authorize Kinship staff & volunteers to seek emergency medical attention and release his/her medical records in case I cannot be contacted during a Kinship activity or outing with his/her mentor. This agreement is valid until December 31, 2025.

**Parent Signature:** \_\_\_\_\_

## These two pages should be filled out by child / youth

(Parent may help young child)

Do you want to be in Kinship / have a mentor (explain question if necessary); why or why not?

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Circle the words **you** think describe you best:

Happy      Active      Quiet      Shy      Athletic      Friendly      Angry      Lazy  
Sad      Boring      Smart      Talkative      Outdoorsy      Artistic      Helpful

Other:

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What are some favorite things you like about yourself? \_\_\_\_\_

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If you could change something about yourself, what would it be? \_\_\_\_\_

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What are your favorite subjects in school? \_\_\_\_\_

What kinds of things would you most like to do with a Kinship volunteer? \_\_\_\_\_

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Signature \_\_\_\_\_

**Attach a picture of yourself here**

## ACTIVITIES AND INTERESTS SURVEY

Please check the activities you enjoy or would like to try

<b>WOODS &amp; FIELD</b>	<b>SPORTS</b>	<b>ARTS &amp; HOBBIES</b>
Bike Riding	Badminton	Drawing
Camping	Baseball	Making Crafts
Croquet	Basketball	Legos / bldg. sets
Cross Country Skiing	Football	Painting
Picnicking	Golf	Photography
Roller Skating / Blading	Hockey	Reading
Sledding	Roller Skating / Blading	Scrapbooking
Snowmobiling	Running / Jogging	Sewing / Knitting /Crochet
Snowshoeing	Soccer	Woodworking
Walking / Hiking	Softball	Writing Poems or stories
Hunting	Swimming	Play Musical Instrument
Target shooting	Tennis	Singing
Archery	Volleyball	Carving / Whittling
Snow boarding	Wrestling	<b>Collections:</b> (list below)
4 wheeling	Weight Lifting	
<b>STAYING IN</b>	<b>GOING OUT</b>	
Putting puzzles together	Shopping	
Play board games	To a fair (county / state)	<b>ANIMALS</b>
Play card games	To a zoo	Pets
Visiting / Talking	To auto racing	Humane Society
Watch a movie	To museums	Farm Animals
Cooking / Baking	Plays / musicals /concerts	<b>Favorites:</b> (list below)
Play ping pong	To sporting events	
Playing video games	To the library	
	To the movies	
<b>HEART &amp; SOUL</b>	Mini golf	
Bible Study	Bowling	<b>ON THE WATER</b>
Going to Church		Boating
Growing in my faith	<b>GET DIRTY HANDS...</b>	Canoeing
Attending youth group	Auto mechanics	Fishing
	Gardening	Ice Skating
	Farming	Sailing
	Fix things	Swimming
	Auto mechanics	Water Skiing

Is there anything you dislike or think you wouldn't or can't do?

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