

# **VOLUNTEER / MENTOR CODE OF CONDUCT / RELEASE FORM**

## **Effective through December 31, 2026**

### **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.

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

- **THE FOLLOWING ACTIVITES ARE NOT ALLOWED as a Kinship match: overnight visits, bungee jumping, parachuting, skydiving, parasailing, hang gliding, flying in a private plane, racing, travel outside of the USA or riding a scooter.**
- 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 match get-togethers or group 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 Kinship group activity 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, Twitter, 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. Note: Kinship does not use names for adults or youth in publicity unless required or after you give permission.

### **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 2026 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.

### **Ongoing Background & Driving Record Checks**

Youth protection is a cornerstone of Kinship's youth mentoring program. We conduct annual background & driving record checks on our volunteers. By signing below, you are giving the MN BCA, MN DOC & US DOJ authority to conduct this search & to release the information to Kinship. In addition, you will be asked every 3 years to complete a background check through Sterling Volunteers. **Other household adults will receive a separate form to consent to a background check only.**

### **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. This document is valid through December 31, 2026.