



VOLUNTEER MENTOR APPLICATION - 2026

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.

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

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

- \_\_\_ Newspaper \_\_\_ Kinship youth / parent \_\_\_ Kinship volunteer \_\_\_ Radio
\_\_\_ Kinship's website \_\_\_ Social Media \_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_
First Middle Last Maiden

Address: \_\_\_\_\_
Street City/State Zip

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

Have you moved in the past 10 years? If you lived in another state(s), please list:
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other phone: \_\_\_\_\_

How to you prefer to be contacted (check all)?

- \_\_\_ Home phone \_\_\_ Cell phone \_\_\_ Email \_\_\_ Text (# \_\_\_\_\_)

Emergency Contact (name, relationship & phone #): \_\_\_\_\_

Family / living status: (please check appropriate response)

- \_\_\_ Single \_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Roomate

If married, spouse's name \_\_\_\_\_ Years married \_\_\_\_\_

Name, age & gender of each child(ren) if they are living with you: \_\_\_\_\_

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

Employment:

Current employer #1 \_\_\_\_\_

What is your position & are you full or part-time: \_\_\_\_\_

Address & Phone # \_\_\_\_\_

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

Do you know if this employer offers a matching funds plan for charitable donations? \_\_\_\_\_

Current employer #2 (if applicable) \_\_\_\_\_

What is your position & are you full or part-time: \_\_\_\_\_  
Address & Phone # \_\_\_\_\_  
Can you be called at work? \_\_\_\_\_ Length of time at this job \_\_\_\_\_  
Do you know if this employer offers a matching funds plan for charitable donations? \_\_\_\_\_

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

High School \_\_\_\_\_  
2 or 4 year college & area of study \_\_\_\_\_

MILITARY SERVICE:

Branch \_\_\_\_\_ time served \_\_\_\_\_ Rank \_\_\_\_\_  
Date of (honorable or dishonorable) discharge \_\_\_\_\_

VOLUNTEER RECORD:

List service clubs, organizations, or other places you've volunteered:

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 \_\_\_\_\_

If you smoke, will you refrain from doing so while with your Kinship match? \_\_\_\_\_

In the following areas, please list (explain) any present or past health conditions which may be relevant pertaining to your Kinship role as a volunteer mentor:

- Physical condition \_\_\_\_\_
- Mental illness \_\_\_\_\_
- Chemical dependency \_\_\_\_\_
- Counseling / Therapy / Treatment \_\_\_\_\_

Have you been arrested within the past 10 years? \_\_\_\_\_ 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? \_\_\_\_\_

If yes, explain:

Please provide a photocopy of your current, valid driver's license and your current proof of insurance. You can copy and include them with this application or bring them to the Kinship office to be copied.

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?

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:
- **Overuse of electronics** No: Yes: Explain:

## VOLUNTEER / MENTOR CODE OF CONDUCT / RELEASE FORM - 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.
- **Acknowledge that Kinship of Morrison County does not have insurance coverage for the following areas: overnight activities in any way, 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, 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 my time as a Kinship volunteer. 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**  
107 2<sup>nd</sup> St SE – Little Falls, MN 56345  
(320) 632-8806 / [info@kinshipofmc.org](mailto:info@kinshipofmc.org)