



# Kinship

Kinship of Morrison County

Historic Courthouse • Suite 203  
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## Child / Youth Application - 2020

Today's Date: \_\_\_\_\_ Child's Age Today: \_\_\_\_\_

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

First Middle Last

Child's Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Street City/State Zip

Mobile Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Household Parent or Guardian: \_\_\_\_\_

Other Adults Living in Household & Relationship to Parent: \_\_\_\_\_

Is parent/guardian employed? \_\_\_\_\_ Where & What Hours? \_\_\_\_\_

Can parent be called at work? \_\_\_\_\_ Work Phone \_\_\_\_\_

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

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

FAMILY STATUS: (please circle appropriate response)

Single Married Divorced Separated Widowed

Spouse's, Fiancee's or Significant Other's Name \_\_\_\_\_

Is non-custodial parent living? If yes, where? \_\_\_\_\_

Does he or she visit the child? \_\_\_\_yes \_\_\_\_no If yes, how often? \_\_\_\_\_

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

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

Please list names, ages, & relationship to applicant of other children living in the home:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_
- 5. \_\_\_\_\_ 6. \_\_\_\_\_

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

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Circle any you feel apply:

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

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

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Describe your child's friendships w/ other kids & with adults \_\_\_\_\_

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How do you think a Kinship volunteer would benefit your child? \_\_\_\_\_

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

Are you currently receiving counseling as an individual or family? \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

Signature \_\_\_\_\_

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

Please consider these areas of your child's (or the child this application is for) life. What goals would you like to set for improvement or change in these areas? Examples could include learning a new hobby, improvement in grades or enthusiasm for school, etc.

Academic / School:

Relationships / Social / Behavior:

- At Home:
  
- Away from Home:

Skills / Hobbies / Interests:

Preparedness for their Future:

## CHILD / YOUTH MEDICAL INFORMATION

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

Name of insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

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

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

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

Activities prohibited for health reason (swimming, diving, etc.) \_\_\_\_\_

### Emergency Contact Information (contact other than parent)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

## 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)
- **Addition to electronics** \_\_\_ No \_\_\_ Yes (explain)  
(i.e. social media, video games, etc.)

### 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.

**Kinship 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, 2020.

**Parent(s) Signature:** \_\_\_\_\_

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

(Parent/guardian may help young child)

Why do you want to be in Kinship? \_\_\_\_\_

\_\_\_\_\_

Circle the words you think describe you best:

Happy      Active      Quiet      Shy      Athletic      Friendly      Angry

Sad      Smart      Talkative      Fun-loving      Artistic      Lazy      Helpful

Other: \_\_\_\_\_

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

If you could change some things about yourself, what would you change? \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

Please sign your name here \_\_\_\_\_

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	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
<b>STAYING IN</b>	YMCA / "The Gym"	Carving / Whittling
Assemble a puzzle		Collections: (list below)
Collections	<b>GOING OUT</b>	
Foosball / air hockey	Shopping	
Play board games	To a fair (county / state)	
Play card games	To a zoo	<b>ANIMALS</b>
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	<b>ON THE WATER</b>
	Bowling	Boating
<b>HEART &amp; SOUL</b>	Playing pool / darts	Canoeing
Bible Study		Fishing
Going to Church	<b>GET DIRTY HANDS...</b>	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?