



Historic Courthouse • Suite 203
107 SE 2nd St • Little Falls, MN 56345
Phone: (320) 632-8806
Email: info@kinshipofmc.org

Child / Youth Application - 2024

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.

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) _____

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, 2024.

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?

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

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

Other:

What are some favorite things you like about yourself? _____

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

What are your favorite subjects in school? _____

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

Signature _____

Attach a picture of yourself here

ACTIVITIES AND INTERESTS SURVEY

Please check the activities you enjoy or would like to try

	WOODS & FIELD		SPORTS		ARTS & HOBBIES
	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		Collections: (list below)
	4 wheeling		Weight Lifting		
	STAYING IN		GOING OUT		
	Putting puzzles together		Shopping		
	Play board games		To a fair (county / state)		ANIMALS
	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		Favorites: (list below)
	Play ping pong		To sporting events		
	Playing video games		To the library		
			To the movies		
	HEART & SOUL		Mini golf		
	Bible Study		Bowling		ON THE WATER
	Going to Church				Boating
	Growing in my faith		GET DIRTY HANDS...		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?