



Kinship

Kinship Partners Inc.

Volunteer Application

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 the Kinship Partners' staff.

Name _____
First Middle and/or Maiden Last

Address _____
Street City/State Zip

Date of Birth _____ Age _____ Place of Birth _____

Home phone _____ Cell Phone _____

E-Mail Address _____ Social Security Number _____

How long have you lived at this address? _____ Please list addresses you have lived at in the last 10 years other than your present address: (use additional sheet if necessary)

Street City/State Zip

Street City/State Zip

FAMILY STATUS: (please check appropriate response)

Single Married Divorced Separated Cohabiting Widowed

Spousal or Significant Other's Name _____ their occupation _____

Number of years married _____ Number of children _____

Please list name, age, and gender of each child

How many of these children are currently living with you in your home _____

EMPLOYMENT:

Current employer _____ Supervisor _____

Address _____

Your position _____ Work Phone _____ Can you be called at work? _____

Length of time at this job _____ Last previous employer _____

Address _____

Reason for leaving _____

Length of time at that job _____

Does your employer have a matching funds plan for charitable donations? _____

EDUCATIONAL RECORD (please fill in the number of years completed, school and location of school)

Elementary _____

High School _____

Technical College _____

College _____

College or Vocational Major _____ Did you graduate? _____

MILITARY SERVICE:

Time served _____ Branch _____ Rank _____

Date and Kind of Discharge _____

VOLUNTEER RECORD:

List service clubs, fraternal organizations, and volunteer boards of which you are a member

Are you affiliated with a church? _____ If yes, name of church _____

List your past experience 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 _____

Describe your current level of alcohol use _____

Do you smoke? _____

Are there any present or past experiences, events or conditions which may be relevant regarding your relationship with a child? (if yes, please explain):

Physical condition _____

Mental illness _____

Chemical dependency _____

Criminal history _____

Have you ever been a victim of a crime? _____ If yes, please explain:

TRANSPORATION:

Do you have a valid driver's license? _____ State _____ Number _____

Do you have your own transportation? _____ If no, do you have access to transportation? _____

Do you have current vehicle insurance as required by the State's law? _____

List your insurance company and vehicle insurance number _____

**I WILL PROMPTLY REPORT TO KINSHIP PARTNERS ANY CHANGE IN MY INSURANCE
COVERAGE OR DRIVER'S LICENSE STATUS!**

HOW DID YOU HEAR ABOUT KINSHIP PARTNERS?

(Check all that apply)

Child in Need Article Match of the Month Article Parent of a Junior Partner
Co-Worker Speaker at Church Speaker at Civic Group Current Adult Partner
Newspaper Feature Story Other _____

(Please specify)

ACTIVITIES AND INTERESTS SURVEY:

Please check the activities you enjoy or would like to try:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Spectator Sports | <input type="checkbox"/> Four Wheeling | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Television |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Water skiing | <input type="checkbox"/> Talking | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> YMCA/Hallett Center | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Yard Games | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Boating | <input type="checkbox"/> Woodworking/Carving | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Track | <input type="checkbox"/> Fishing | <input type="checkbox"/> Picnicking | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Hunting | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Hair/Makeup |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Bowling | <input type="checkbox"/> Animal tending | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Model building | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Baking |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Walking | <input type="checkbox"/> Animals/Pets | <input type="checkbox"/> Dolls |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Reading | <input type="checkbox"/> Collections | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Bike riding | <input type="checkbox"/> Drawing | What? _____ | <input type="checkbox"/> Music |
| <input type="checkbox"/> Rollerblading/Skating | <input type="checkbox"/> Writing | <input type="checkbox"/> Auto Racing/NASCAR | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Figure skating | <input type="checkbox"/> Painting | <input type="checkbox"/> Auto mechanics | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Snow Sledding | <input type="checkbox"/> Pool | <input type="checkbox"/> Board games | <input type="checkbox"/> Dancing |
| <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Golf | <input type="checkbox"/> Video games | |

Other: _____

What are your favorite/special interests or activities?

Is there anything you dislike or cannot do?

Is there anything new you have been hoping to learn to do or try?

PERSONAL DATA:

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

Have you ever been convicted of a felony? _____ If yes, please explain

REFERENCES:

Please provide three references. **References forms will be sent via email,**
if email address is unavailable please provide complete mailing address.

Family member or relative (outside your home)

Name _____ Phone _____

Address _____
Street City State Zip

Email Address _____

Employment Acquaintance

Name _____ Phone _____

Address _____
Street City State Zip

Email Address _____

Friend or Neighbor

Name _____ Phone _____

Address _____
Street City State Zip

Email Address _____

I understand that Kinship Partners will contact the listed references and any other persons deemed necessary. Kinship Partners reserves the right to use the information provided by you, your references, and information from public records for what is deemed to be in the best interest of the Kinship Partners program and the children it serves. Information thus obtained will be used in matching you with a potential child. This information is confidential to the Kinship Partners' staff and screening committee.

I understand that misrepresentation of personal information of history could result in termination or non-acceptance in the Kinship Partners program.

Kinship Partners 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 _____

Brainerd Office
P.O. Box 642
804 Oak St - Suite 201
Brainerd, MN 56401
(218) 829-4606
(Brainerd and Pillager
School Districts)

Crosby Office
P.O. Box 32
15 - 3rd Ave SW
Crosby, MN 56441
(218) 545-8002
(Crosby School District)

Lakes Area Office
P. O. Box 754
4325 W Woodman St
Pequot Lks, MN 56472
(218) 454-8016
(Pequot Lakes, Pine River
and School Districts)

Staples/Motley Office
P.O. Box 281
920 - 4th Street NE
Staples, MN 56479
(218) 296-6565
(Staples and Motley
Districts)