



# Kinship

Kinship Partners Inc.

**Kinship Partners**  
To:

**Reference Form**

From: \_\_\_\_\_  
Reference Regarding: \_\_\_\_\_

Kinship Partners is a volunteer mentoring program that matches adults from the community with children who need a friend. The person named above has applied to become an adult volunteer in our program and has given your name as a reference.

Kinship Partners does not discriminate for reasons of race, religion, national origin, gender or sexual orientation.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. Circle the traits listed below that accurately describe the applicant:

- |                |             |                |               |          |
|----------------|-------------|----------------|---------------|----------|
| Reserved       | Moody       | Leader         | Easy-going    | Lazy     |
| Temperamental  | Cooperative | Arrogant       | Follower      | Shy      |
| Stubborn       | Impulsive   | Opinionated    | Lonely        | Happy    |
| Caring         | Responsible | Outspoken      | Well-adjusted | Fair     |
| Quick-tempered | Honest      | Sense-of-Humor | Popular       | Friendly |
| Flexible       | Punctual    | Understanding  | Good-listener | Rigid    |

4. Do you consider the applicant emotionally stable?

5. What strengths does the applicant have when working with youth?

6. What weaknesses does the applicant have when working with youth?

7. Circle how you would rate the applicant's relationships with people in general.

warm          shallow          loyal          shy          friendly          sincere          distant

8. Are you aware of any:

Criminal convictions of the potential volunteer? \_\_\_\_\_

Allegations of child abuse or molestation? \_\_\_\_\_

Any other offense? \_\_\_\_\_

9. Have drugs or alcohol ever been a problem for the applicant? Yes No

10. How would you rate the applicant's health?

Excellent Good Fair Poor Don't Know

11. The ability to follow through on his/her commitment is very important in order to become an adult partner. How would you rate the applicant's ability to follow through on his/her commitment?

Excellent Good Fair Poor Don't Know

12. Do you believe that this person is in a position at this time to make a year long commitment to a child?

Yes No

13. Do you believe this applicant would fulfill a commitment to Kinship Partners?

Yes No

Additional Comments:

Signature

Date

Address Phone Number

City State Zip

PLEASE RETURN THIS FORM IN THE ENCLOSED ENVELOPE. THANK YOU FOR TAKING THE TIME TO FILL OUT THIS REFERENCE FORM.

Brainerd Lakes Area  
P.O. Box 642  
Brainerd, MN 56401  
(218) 454-8015  
(Brainerd and Pillager  
School Districts)

Cuyuna Lakes Area  
P.O. Box 32  
Crosby, MN 56441  
(218) 545-8002  
(Crosby School District)

Pequot Lakes Area  
P.O. Box 642  
Brainerd, MN 56401  
(218) 454-8016  
(Pequot Lakes, Pine  
River and School  
Districts)

Staples/Motley Office  
P.O. Box 642  
Brainerd, MN 56401  
(218) 454-8012  
(Staples and Motley  
Districts)