



Pro Kinship for Kids

1400 S. State Street
P.O. Box 666
New Ulm, MN 56073
507-359-2445 or 1-800-642-5779
E-mail: kinship@newulmtel.net

Dear Parent,

I'm glad you are interested in our volunteer Pro Kinship for Kids mentor program for your child. In order for this program to be effective, it is important for all people involved – staff, mentor, families - to work together. Enclosed you will find a copy of the Pro Kinship for Kids Parent Guidelines which will explain how we would like the family to work with the mentor.

Adult volunteers interested in becoming a mentor are interviewed by the Pro Kinship for Kids Director. There is a second interview performed by a Pro Kinship for Kids board member along with a criminal history and driving check. If accepted, we will then look at each mentor's interests and skills and compare them to the young people needing a match. When I feel that a volunteer and child may work well together, you will be contacted to arrange a meeting. If you, your child, and the volunteer agree that the match seems good, continuing visits will be arranged.

We have included a parent application form and a child application form, along with the permission slip for Pro Kinship for Kid's group activity program. To find the right volunteer, we would like to know about your child's special needs and interests and how you would like a volunteer to help.

Please return all completed forms in the envelope provided.

Pro Kinship for Kids offers a group activity program that your child may participate in while waiting for a match. We provide adult and teen role models to participate with the children in a variety of activities. Parents are always welcome to come and help us with these activities. We send a monthly calendar of Pro Kinship for Kids events to keep you informed.

Thank you for your interest in our program. If you have any questions or concerns, please feel free to call me. I would be happy to help in any way.

Sincerely,

Kari Beran
Pro Kinship for Kids Director



PRO KINSHIP FOR KIDS

AN INTRODUCTION TO MENTORING

WHAT IS THE MAIN PURPOSE OF PRO KINSHIP FOR KIDS MENTORS?

The main goal of PRO Kinship Mentors is to help a young person who has a void in their life due to:

- Loss of a parent for one reason or another
- Inadequate self-esteem
- Inadequate socialization skills

The most important goal for us is to match the youth with an adult in an effort to develop a relationship of caring, acceptance and trust. The adult is to be a friend to the child and in that framework to encourage the child to develop into the best person he/she can become. The volunteer will spend time doing whatever interests both the adult and youth. It is hoped that good citizenship, fair play, honesty, ability to communicate acceptably, and growth as an individual will be fostered by this relationship. Our volunteers are not trained counselors or therapists, therefore some children with specific issues may not be able to be matched. Also, if situations arise that the child or the adult does not feel comfortable with, the relationship may be terminated.

Pro Kinship for Kids matches can be either a single adult, a couple with no children at home, or a family. On the child's application, the parent selects which types of matches are acceptable for the child, and PRO Kinship will proceed accordingly.

HOW DO I GET TO BE A PRO KINSHIP FOR KIDS MENTOR?

Potential Kinship volunteers begin by filling out an application form. On it, you will be asked several questions, such as your interests and hobbies, and why you would like to become a Kinship mentor. This form will enable us to select a youth who will be closely suited to you in his interests and in the age group you desire. Following your application and background check will be several interviews to help us in the matching process. Some of the reasons for immediate rejection into our program may be if you have a felony conviction, arrest or conviction of sexual misconduct, substantiated child abuse, a DWI in the last 5 years, and/or any false information given on the application. Final approval will be made by our screening committee.

The final decision as to whether you want a particular young person for your Pro-Kinship Partner rests with you.

HOW DO I MEET MY CHILD?

The first meeting will take place with the following people:
the child, his/her parent(s), the Pro Kinship for Kids mentor(s), and the PRO Kinship Director.
The first meeting can be at the PRO KINSHIP office or at the child's home.

IS PRO KINSHIP FOR KIDS CONNECTED TO THE NATIONAL BIG BROTHERS /BIG SISTERS ORGANIZATION?

No, although we are similar in goals, we have not affiliated ourselves with the Big Brothers of America. We have become part of the Kinship Affiliate which is a smaller nonprofit organization which believes in and promotes the concept of mentoring. Kinship allows o keep our local identity, but broadens our resources.

HOW MUCH TIME MUST I SPEND WITH MY CHILD?

We ask that you spend approximately 4-6 hours each month together, with a minimum of 2 visits per month. Any additional time is up to you and your child. We stress one point: **please be consistent; contacts should be made regularly.** You will find that as the relationship progresses, it will be easier to approach the child and she/he will have a better understanding of your own situation with regard to how much time you have available for her/him.

HOW LONG DOES THIS RELATIONSHIP LAST?

Theoretically, this can be a lifetime friendship. This is something you will have to decide for yourself. **We prefer a minimum commitment of six months to one year.** We are working with children who have experienced abandonment in many forms, so we need to provide them with a consistent, reliable relationship.

However, we especially request that any time you feel that the relationship between you and your partner is not working out, you will please call to let us know. We do not expect 100% success, but it is vital that we are informed of a relationship that may be disheartening for you or your child. We will not judge anyone because of a match that did not work out. Your choice to become a Kinship mentor must be your own and if you feel that you would like to try a new child or to leave the organization, you may do so.

AM I LEGALLY RESPONSIBLE IN CASE OF AN ACCIDENT INVOLVING THE CHILD?

On each application submitted by the child, there is a clause that must be signed by the parent that protects the PRO KINSHIP mentor legally in case of an accident, unless such an accident was caused by gross negligence on the part of the mentor. In a case involving gross negligence, there is nothing that can be put in writing to protect anyone.

In addition, PRO Kinship for Kids volunteers and children are covered by PRO Kinship insurance for accidental injury.

PRO Kinship for Kids improves lives by establishing quality relationships between individuals and caring volunteers for the purpose of promoting stability, support, friendship, and community.

**Pro Kinship for Kids ▪ 1400 S. State Street, P.O. Box 666 ▪ New Ulm, MN•56073
507-359-2445 or 1-800-642-5779
Website: www.prokinship.org**

KINSHIP Mentor Application
PARENT APPROVAL FORM

Return to: **PRO KINSHIP FOR KIDS**
1400 S. State Street
P. O. Box 666
New Ulm, MN 56073
Phone: 507-359-2445 or 1-800-642-5779
Website: www.prokinship.org

Date _____

PARENT: Please complete as fully as possible giving any information you would like a volunteer to have.

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____ HOME PHONE _____

EMAIL _____

SCHOOL _____ GRADE _____

MOTHER'S NAME _____ EMPLOYER _____

FATHER'S NAME _____ EMPLOYER _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	Living at home?
1. _____		
2. _____		
3. _____		
4. _____		

How was your child referred to PRO KINSHIP? Please write name in the appropriate space.

Self _____ Church _____ Therapist _____ Teacher _____

Social Worker _____ School Counselor _____ Other _____

1. Please write about your child and how you feel he/she will benefit from having a volunteer friend.
(Include any concerns you have.)

2. What do **you** expect from a mentor?

3. How will it affect your other children if this child has a mentor friend?

4. How does your child feel about having a PRO KINSHIP mentor?

5. Briefly describe your child's relationship with you at present.

6. Is this a one-parent family? Yes _____ No _____

If so, is there another parent visiting who shows some interest in the child? YES _____ NO _____
Please describe your child's relationship with his/her other parent.

7. Which of the following would interest you (your child)?

A. Volunteer couple befriending your child. _____

This might be a couple with or without children .

B. Volunteer individual - Man _____ Woman _____

C. Family to Family match _____

This is a family interested in short term match that includes your whole family for recreational activities together.

8. Are there any specific things that your child can't be involved in because of health limitations, etc.?

9. Does your son/daughter have any physical disabilities, learning disabilities, or health problems that the mentor should be aware of?

10. Is your child on any medication that would restrict his/her activity?

11. How does your child feel about school?

12. How does the teacher describe your child.

13. Describe your child's friends.

14. What are your child's outstanding points?

15. What are your child's weaknesses?

16. What are your child's favorite activities and interests?

Please contact the **PRO KINSHIP FOR KIDS** office if you have questions.
359-2445 or **1-800-642-5779**

**Youth Registration Form
For Activities**

**Return to: PRO Kinship for Kids
1400 S. State Street
P.O. Box 666
New Ulm, MN 56073
359-2445 or 1-800-642-5779**

Date _____

Youth name _____ Date of birth _____

Address _____ School _____ Grade _____

Parent's name _____ Home Phone _____

1. What do you like to do for fun?

2. Describe yourself (your looks and personality).

3. My biggest interest is _____

4. My best sport is _____ 5. My worst sport is _____

6. I am happiest when _____

7. The smartest thing I ever did was _____

8. My favorite TV show is _____ because _____

9. My best school subject is _____

10. I think I'm pretty good at _____

11. One thing I don't like is _____

12. The person I respect most in the world is _____

13. I wish I had _____

14. When I grow up, I want to be _____

15. On weekends I like to _____

Kinship Youth INTEREST SHEET

Name _____

Please mark the activities that you enjoy doing and any that you would like to do. You will not necessarily get to do all the things you mark, but it will help us plan activities that you might enjoy.

- | | | |
|--|--|---|
| <input type="checkbox"/> tennis
<input type="checkbox"/> badminton
<input type="checkbox"/> bike riding
<input type="checkbox"/> billiards/pool
<input type="checkbox"/> Ping-Pong

<input type="checkbox"/> roller skating
<input type="checkbox"/> handyman activities
<input type="checkbox"/> electronics
<input type="checkbox"/> rock collecting
<input type="checkbox"/> astronomy
<input type="checkbox"/> Frisbee

<input type="checkbox"/> camping
<input type="checkbox"/> attending plays
<input type="checkbox"/> eating out
<input type="checkbox"/> knitting
<input type="checkbox"/> computer

<input type="checkbox"/> fishing
<input type="checkbox"/> hunting
<input type="checkbox"/> bowling
<input type="checkbox"/> hiking
<input type="checkbox"/> weight-lifting

<input type="checkbox"/> foosball
<input type="checkbox"/> hockey
<input type="checkbox"/> Ice skating
<input type="checkbox"/> softball
<input type="checkbox"/> soccer

<input type="checkbox"/> visit airport
<input type="checkbox"/> watch TV
<input type="checkbox"/> riding in a car
<input type="checkbox"/> popping popcorn
<input type="checkbox"/> going to library

<input type="checkbox"/> doing puzzles
<input type="checkbox"/> having a pet
(what kind) _____
<input type="checkbox"/> visit rodeo | <input type="checkbox"/> CB radio
<input type="checkbox"/> sewing
<input type="checkbox"/> reading
<input type="checkbox"/> drawing/painting
<input type="checkbox"/> photography

<input type="checkbox"/> woodworking
<input type="checkbox"/> cooking
<input type="checkbox"/> fixing cars
<input type="checkbox"/> building models
<input type="checkbox"/> writing stories
<input type="checkbox"/> writing poetry

<input type="checkbox"/> card playing
<input type="checkbox"/> singing
<input type="checkbox"/> stamp collecting
<input type="checkbox"/> archery
<input type="checkbox"/> golf (regular or miniature)

<input type="checkbox"/> dancing
<input type="checkbox"/> playing an instrument
(which one) _____
<input type="checkbox"/> acting/drama
<input type="checkbox"/> puppet shows

<input type="checkbox"/> tropical fish
<input type="checkbox"/> collecting things
(what) _____
<input type="checkbox"/> learning a foreign language
(which one) _____

<input type="checkbox"/> crocheting
<input type="checkbox"/> embroidery/cross-stitch
<input type="checkbox"/> fixing things
<input type="checkbox"/> keep scrapbook
<input type="checkbox"/> fixing hair

<input type="checkbox"/> shopping
<input type="checkbox"/> build a fort
<input type="checkbox"/> going to Valley Fair
<input type="checkbox"/> visit circus | <input type="checkbox"/> gardening
<input type="checkbox"/> video games
<input type="checkbox"/> flying kites
<input type="checkbox"/> playing chess
<input type="checkbox"/> table games (like Monopoly or Pictionary)
<input type="checkbox"/> playing checkers
<input type="checkbox"/> football
<input type="checkbox"/> baseball
<input type="checkbox"/> basketball
<input type="checkbox"/> volleyball
<input type="checkbox"/> walleyball

<input type="checkbox"/> racquetball
<input type="checkbox"/> wrestling
<input type="checkbox"/> swimming
<input type="checkbox"/> visit a museum
<input type="checkbox"/> going to movies

<input type="checkbox"/> listening to music
<input type="checkbox"/> going to church
<input type="checkbox"/> cookouts
<input type="checkbox"/> attend concerts
<input type="checkbox"/> visit friends and relatives

<input type="checkbox"/> hayride
<input type="checkbox"/> visit a farm
<input type="checkbox"/> going to a park
<input type="checkbox"/> visit a zoo
<input type="checkbox"/> going to the fair

<input type="checkbox"/> boating
<input type="checkbox"/> auto racing
<input type="checkbox"/> sledding
<input type="checkbox"/> running/jogging
<input type="checkbox"/> canoeing

<input type="checkbox"/> picnics
<input type="checkbox"/> snowball fights
<input type="checkbox"/> riding on bus
OTHERS (write in

_____ |
|--|--|---|

KINSHIP -- ACTIVITIES PERMISSION FORM

Date _____

I give approval for my child _____ to be involved in the PRO Kinship for Kids Activities program and pledge support to encourage my child to attend.

_____ **Address** _____

Parents signature _____ **Home phone** _____ **Work phone** _____

I agree that:

A. In the event of a **medical emergency** at a PRO Kinship activity, if I cannot be reached, the Kinship Coordinator and volunteers are given permission to obtain medical treatment for my child by a licensed physician. **YES** _____ **NO** _____

B. Every effort is made by volunteers and staff to provide reasonable care, protection, and supervision of the youth participating in the activities. Therefore, I hereby release the volunteers and the PRO Kinship for Kids organization from liability for incidents occurring while my child is participating in, going to, or returning from activities. **YES** _____ **NO** _____

C. Community support is important for the success of our program. I give permission for my child's picture to be used for publicity. **YES** _____ **NO** _____

D. **I am responsible for picking up my child after activities.** However, if I cannot, I give the following people permission to pick up my child. I will tell you if there are any changes.

Name _____ Phone _____

Name _____ Phone _____

In an **EMERGENCY**, I give my permission for staff/volunteers to give my child a ride home. **YES** _____ **NO** _____

HEALTH CONCERNS

Does your son/daughter have any health problems, physical disabilities or learning disabilities that the PRO Kinship staff or volunteers should be aware of? _____

Is your child on any medication that will restrict his/her activity? _____

Are there any specific things that your child can't be involved in because of health limitations?

PRO Kinship for Kids-- PERMISSION FORM

Date _____

I give approval for my child _____ to be involved in the PRO-KINSHIP FOR KIDS program and pledge my support to helping my child's friendship grow.

_____ Home phone _____ Work phone _____
Parents signature

Do you agree that -

- A. the day and length of time of visits are to be worked out to the mutual agreement of you, your child, and the volunteer. **YES** _____ **NO** _____
- B. you will be present when your child is called for and returned, or arrange for the presence of a responsible adult? **YES** _____ **NO** _____
- C. In the event of a **medical emergency** concerning your child while he/she is in the company of the volunteer and when you cannot be reached, the volunteer is given permission by you to obtain medical treatment for my child by a licensed physician. **YES** _____ **NO** _____
- D. Every effort is made by volunteers to provide reasonable care, protection, and supervision of the youth participating in these programs. Therefore, I hereby release the volunteer and the Pro Kinship for Kids organization from liability for incidents Occurring while my child is participating in, going to, or returning from activities. **YES** _____ **NO** _____

As the parent of (print child's name) _____ I have read the above statements and do agree to cooperate in every aspect of this program as outlined here.

Parent's signature _____

Parent address _____

HEALTH CONCERNS

Does your son/daughter have any health problems, physical disabilities or learning disabilities that the Kinship staff or volunteers should be aware of? _____

Is your child on any medication that will restrict his/her activity? _____

Are there any specific things that your child can't be involved in because of health limitations? _____

PRO KINSHIP MEDICAL RELEASE

I hereby authorize _____, a volunteer with Kinship of _____ to secure emergency medical attention for my child, _____, in the event that I cannot be contacted.

Our local doctor _____ phone _____ has my permission to release any records that may be needed to treat my child in an emergency.

For emergency purposes, I can be reached at: 1) Home _____

2) Work _____ 3) Other _____

My closest friend/relative is _____ phone _____

Relationship: _____

Allergies my child has: _____

Regular medication my child receives: _____

Phobias or fears my child has: _____

Any other important medical information: _____

If you are on Medical Assistance or have insurance or an HMO, please give number to be used:

_____ Date

_____ Signature

PRO KINSHIP PARENT AND CHILD RESPONSIBILITIES MATCH AGREEMENT

Kinship volunteers receive no payment or special credit for their time and efforts. Most of them enter the program with enthusiasm and high expectations. Some of these volunteers will lose interest and drop out of the program. This happens for a number of reasons. Some volunteers simply overestimate their available time, or are too idealistic. Some, however, lose interest because they don't feel they are serving any important purpose in a child's life. If they feel they are being taken for granted, taken advantage of, used, or manipulated, they will usually find a reason to end the match.

Following is a list of responsibilities and agreements that Kinship believes can help keep this from happening. Families who take the following list of responsibilities seriously can make a big difference in the success and quality of their children's matches.

1. The child must learn to be a friend to keep a friend. Parents should encourage their children to call their volunteers regularly (but not too often!) to let them know the relationships are important to them.
2. Most volunteers need to feel appreciated. Encourage your child to say thank you after an outing and let the volunteer know when he or she had a good time.
3. Parents and children should be as prompt and dependable as the volunteers and avoid unnecessary cancellations. In the event of illness or other emergency, please notify the volunteer as soon as possible.
4. If a problem arises over a suggested activity, cost of the activity, etc., parents should try, if at all possible, to resolve this through open discussion with the volunteer. If you are unable or unwilling to discuss this with the volunteer, please call the Kinship office for advice.
5. Parents should not make requests of the volunteer that are outside the purpose of the program (providing transportation for you, covering for a canceled baby-sitter, etc.)
6. Parents should not ask volunteers to take siblings or other children not specifically assigned to the match.
7. Parents should make sure they are at home when a child is expected home after an activity. If this is not possible, make sure you make arrangements for an adult to be there and inform the volunteer of this beforehand.

8. Volunteers are encouraged to keep expenses to a minimum and not to feel obligated to spend money on your child. However, volunteers may sometimes arrange activities that involve some expense. Some may be willing and able to pay for your child on these occasions; others may not be. Please be open and honest with the volunteer about your willingness and ability to contribute on these occasions. Make sure your child understands that the volunteer is there to be a friend and companion, not a Santa Claus.
9. Since you have applied for a Kinship volunteer for your child in the belief that it would be beneficial for him or her, please do not be tempted to withhold the relationship as a form of punishment when your child misbehaves. This puts the volunteer in a very awkward position and puts a strain on the relationship. Other means of discipline or natural consequences are more appropriate than denying the friendship.
10. Volunteers are not disciplinarians or substitute parents. However, they are allowed to exercise reasonable control of children when they are together, not including the use of any physical force or restraint. Volunteers have been encouraged to discuss any discipline problems privately with you, or to contact the Kinship office for advice. Please help by talking with your child about any problem behavior.
11. Please report any change in your family situation which affects the match to the Kinship office immediately. Also report any changes in your address or phone. It is very important for us to be able to keep in touch with you through mailings and by phone.

I have read and fully understand my responsibilities as a participant in the PRO Kinship program. I promise to cooperate with my child's volunteer, be open and honest in my communication with him or her, and support and encourage the friendship to the best of my ability. I will call the PRO Kinship Director immediately if I have any concerns or any problems arise in the match.

Parent/Guardian Signature _____

Date _____