



RETURN TO: Kari Beran, Director  
Pro Kinship for Kids  
1400 S. State Street  
P.O. Box 666  
New Ulm, MN 56073  
Phone: 359-2445 or 1-800-642-5779  
E-mail: kinship@newulmtel.net  
Website: www.prokinship.org

## KINSHIP FOR KIDS VOLUNTEER APPLICATION FORM

Full name \_\_\_\_\_ County of residence \_\_\_\_\_  
                    First                      Middle                      Last

Address \_\_\_\_\_ City \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Significant Other's Name \_\_\_\_\_

Name of employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's address \_\_\_\_\_

Best times to contact you \_\_\_\_\_

How long do you plan to commit to this program? \_\_\_\_\_ one year    \_\_\_\_\_ 6 months

Roughly estimated, how many hours per month do you plan to spend with your youth partner? \_\_\_\_\_

What age group would you be interested in considering?

6-9 years \_\_\_\_\_ 10-12 years \_\_\_\_\_ 13 or higher \_\_\_\_\_ Any age \_\_\_\_\_

Why?

### REFERENCES

Please list three personal references that we may contact who have known you for at least one year and may have observed you interacting or working with children. (Volunteer, supervisor, employer, friend)

	NAME	ADDRESS	PHONE	RELATIONSHIP
1.				
2.				
3.				

## RESPONSIBILITIES OF A KINSHIP MENTOR

1. Stay with the program for a minimum of one year. *Shorter time periods may be acceptable.*
2. Arrange to meet with your child a minimum of 2 times each month for 2-3 hours.  
Calling or writing in the weeks you can't meet is recommended.
3. Attend mentor meetings when they are called.
4. Maintain monthly contact reports.
5. Contact the director or coordinator immediately if difficulties arise.

## VEHICLE INFORMATION AND AUTO INSURANCE

I understand that if I am accepted as a Kinship mentor, I will be transporting a youth or others in my car. I agree that I will maintain liability and no fault insurance on my vehicle pursuant to the statutory requirements of the State of Minnesota. Please provide the following information.

Do you have a valid Minnesota driver's license?

If not, state of valid license you do hold?

Driver's license number \_\_\_\_\_

Color, year, make and model of vehicle.

\_\_\_\_\_

License plate # \_\_\_\_\_

Insurance Company:

Policy #

Agent's Name and address:

Agent's Phone #

In making this application to be a PRO Kinship for Kids mentor, I understand that PRO Kinship for Kids routinely does **criminal records and driving record checks** of all volunteers for the PRO mentors position for which I am applying. This is a requirement for all who participate in this program. You will be asked to sign a form to be sent to the state BCA office or our local Probation Department for this check.

**PRO Kinship for Kids  
Mentor APPLICATION**

1. How did you hear about our mentor program?
  
2. Why do you want to become a mentor to a child?
  
3. Summarize your skills, qualifications and experiences which you feel would be beneficial to our program.
  
4. List your major interests, hobbies and recreational activities.
  
5. In what activities (church, community, etc.) do you participate or have your participated?  
Include previous volunteer experience.
  
6. Are you under treatment for any medical problem that would be a concern in this relationship?

Any major illnesses in the past five years?

7. What child behaviors would you not be able to tolerate? How would you deal with these if they occurred?
8. Whose rules of behavior should you follow?
9. Have you ever been convicted of a felony? Your significant other? If so, please explain.
10. Are you currently on probation for any offense? What county? If so, please explain.
11. In general, what does confidentiality mean? How important is it in this type of relationship?
12. How would you deal with inquiries from schools, family court, caseworkers, parents or others about your child?

We welcome additional comments from you that will help us know you better as an individual.

I certify to the best of my ability that the information provided on this application is true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Kinship Adult 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<br><input type="checkbox"/> badminton<br><input type="checkbox"/> bike riding<br><input type="checkbox"/> billiards/pool<br><input type="checkbox"/> Ping-Pong<br><br><input type="checkbox"/> roller skating<br><input type="checkbox"/> handyman activities<br><input type="checkbox"/> electronics<br><input type="checkbox"/> rock collecting<br><input type="checkbox"/> astronomy<br><input type="checkbox"/> Frisbee<br><br><input type="checkbox"/> camping<br><input type="checkbox"/> attending plays<br><input type="checkbox"/> eating out<br><input type="checkbox"/> knitting<br><input type="checkbox"/> computer<br><br><input type="checkbox"/> fishing<br><input type="checkbox"/> hunting<br><input type="checkbox"/> bowling<br><input type="checkbox"/> hiking<br><input type="checkbox"/> weight-lifting<br><br><input type="checkbox"/> foosball<br><input type="checkbox"/> hockey<br><input type="checkbox"/> Ice skating<br><input type="checkbox"/> softball<br><input type="checkbox"/> soccer<br><br><input type="checkbox"/> visit airport<br><input type="checkbox"/> watch TV<br><input type="checkbox"/> riding in a car<br><input type="checkbox"/> popping popcorn<br><input type="checkbox"/> going to library<br><br><input type="checkbox"/> doing puzzles<br><input type="checkbox"/> having a pet<br>(what kind) _____<br><input type="checkbox"/> visit rodeo | <input type="checkbox"/> CB radio<br><input type="checkbox"/> sewing<br><input type="checkbox"/> reading<br><input type="checkbox"/> drawing/painting<br><input type="checkbox"/> photography<br><br><input type="checkbox"/> woodworking<br><input type="checkbox"/> cooking<br><input type="checkbox"/> fixing cars<br><input type="checkbox"/> building models<br><input type="checkbox"/> writing stories<br><input type="checkbox"/> writing poetry<br><br><input type="checkbox"/> card playing<br><input type="checkbox"/> singing<br><input type="checkbox"/> stamp collecting<br><input type="checkbox"/> archery<br><input type="checkbox"/> golf (regular or miniature)<br><br><input type="checkbox"/> dancing<br><input type="checkbox"/> playing an instrument<br>(which one) _____<br><input type="checkbox"/> acting/drama<br><input type="checkbox"/> puppet shows<br><br><input type="checkbox"/> tropical fish<br><input type="checkbox"/> collecting things<br>(what) _____<br><input type="checkbox"/> learning a foreign language<br>(which one) _____<br><br><input type="checkbox"/> crocheting<br><input type="checkbox"/> embroidery/cross-stitch<br><input type="checkbox"/> fixing things<br><input type="checkbox"/> keep scrapbook<br><input type="checkbox"/> fixing hair<br><br><input type="checkbox"/> shopping<br><input type="checkbox"/> build a fort<br><input type="checkbox"/> going to Valley Fair<br><input type="checkbox"/> visit circus | <input type="checkbox"/> gardening<br><input type="checkbox"/> video games<br><input type="checkbox"/> flying kites<br><input type="checkbox"/> playing chess<br><input type="checkbox"/> table games (like Monopoly<br>or Pictionary)<br><input type="checkbox"/> playing checkers<br><input type="checkbox"/> football<br><input type="checkbox"/> baseball<br><input type="checkbox"/> basketball<br><input type="checkbox"/> volleyball<br><input type="checkbox"/> walleyball<br><br><input type="checkbox"/> racquetball<br><input type="checkbox"/> wrestling<br><input type="checkbox"/> swimming<br><input type="checkbox"/> visit a museum<br><input type="checkbox"/> going to movies<br><br><input type="checkbox"/> listening to music<br><input type="checkbox"/> going to church<br><input type="checkbox"/> cookouts<br><input type="checkbox"/> attend concerts<br><input type="checkbox"/> visit friends and relatives<br><br><input type="checkbox"/> hayride<br><input type="checkbox"/> visit a farm<br><input type="checkbox"/> going to a park<br><input type="checkbox"/> visit a zoo<br><input type="checkbox"/> going to the fair<br><br><input type="checkbox"/> boating<br><input type="checkbox"/> auto racing<br><input type="checkbox"/> sledding<br><input type="checkbox"/> running/jogging<br><input type="checkbox"/> canoeing<br><br><input type="checkbox"/> picnics<br><input type="checkbox"/> snowball fights<br><input type="checkbox"/> riding on bus<br><b>OTHERS (write in</b><br>_____<br>_____<br>_____ |
|--|--|---|

# AUTHORIZATION FOR RELEASE OF INFORMATION

“NON-PROFIT ORGANIZATION”

Account #**T073592445**

To: Minnesota Bureau of Criminal Apprehension  
Criminal Justice Information Systems - Records  
1430 Maryland Avenue E  
St. Paul, MN 55106  
Phone: 651-793-2400

From: Pro Kinship for Kids  
1400 S. State Street  
P.O. Box 666  
New Ulm, MN 56073  
Phone: 507-359-2445

\*Full Name of Applicant \_\_\_\_\_  
(Please print) Last First Middle

\*Maiden, or former name \_\_\_\_\_  
(Please print) Last First Middle

\*Date of Birth \_\_\_\_\_ Sex (M or F ) \_\_\_\_\_  
Month Day Year

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Length of Residency in Minnesota \_\_\_\_\_ if under 5 years, former state \_\_\_\_\_

I hereby authorize the Bureau of Criminal Apprehension to release the information identified in connection with the evaluation of my application as a volunteer with Pro Kinship for Kids of New Ulm, MN. The information to be released includes: a driving record check, criminal history, arrests, criminal charges or convictions.

1. I understand the information to be released, the purpose and use of the released information, and any known consequences of this release. The information to be released is private and any subsequent use and release is controlled by the Minnesota Data Practices Act. (MN Statute. Chap. 13).
2. I understand that I have the right to refuse to release this information., If I refuse to release this information, it will not be possible for this office to process this application.
3. I understand that I may withdraw this consent upon written notice (not retroactive) and that consent will automatically expire within 1 year after the date of my signature.

I further authorize to provide Pro Kinship for Kids with photocopies of any of the above information kept by you regarding me. I ask that you cooperate with them fully in disclosing to them all such information that is in your possession., The undersigned person recognizes that the purpose for which the above described information may be used by suitability of the undersigned to become a volunteer or staff member with Pro Kinship for Kids. I will allow yearly checks as long as I am a volunteer for Pro Kinship for Kids.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Notary Public)