



“Kinship Empowers Youth to make Positive Life Choices Through Relationships with Caring Mentors”

Dear Parent or Guardian,

Thank you so much for your interest in your child becoming a mentee of Kinship the Park Rapids Area.

The mentor's role is that of a friend, coach, and guide. A mentor would meet with your child at least six hours a month and make weekly contact for a year.

Kinship also offers monthly group activities which are optional for the mentor and child to attend. A few of the traditional activities include swim parties, biking, cooking dinner, sledding, and pumpkin carving. Kinship occasionally offers special events for Kinship youth in grades 5-12 and their mentors including college tours.

Please return the forms by mail to:

Kinship
PO Box 282
Park Rapids, MN 56470

Or bring to the Kinship office to:

Kinship
401 Huntsinger Avenue
Park Rapids Area High School, Room 708.

Please call ahead if you plan to deliver it to the office, 218-732-0058.

I look forward to meeting your child and working with you and your family soon.

Sincerely,

Rosy Hjernstad
Executive Director





Kinship Participant Application

Youth's Name _____
First Middle Last

Parent/Guardian Name _____
First Last

Relationship to Youth: Mother _____ Father _____ Grandmother _____ other _____

Address _____
Street City/State Zip

Email Address: _____ check frequently? Yes No

Home Phone _____ Cell Phone _____

Child's Birthdate _____ Age: _____ Gender: Male _____ Female _____

Race: White _____ American Indian _____ African American _____ Hispanic _____ Other: _____

Does parent/guardian work? _____ Days and hours _____ Employer: _____

Can parent be called at work? _____ Best time _____ W phone: _____

Child's School _____ Grade _____ Teacher _____

FAMILY STATUS: (please circle appropriate response)

P/G: Single Married Divorced Separated Cohabiting Widowed

Spouse's or Significant Other's Name _____

Non-Custodial Parent's Name _____

Has either parent been incarcerated? _____

Please list all members of your household:

Name Sex Age Relationship to Applicant

Parent/Guardian's level of education:

High School _____ Technical College _____ College _____

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

How would you describe your child's personality and temperament? _____

Circle any of the following words you feel apply to your child:

Cooperative Energetic Shy Outgoing Follower Nervous Quiet
Talkative Friendly Confident Leader Aggressive Athletic

Why do you/your child want to participate in a mentoring program? _____

Briefly describe your expectations for the Kinship mentoring program:

Is your child available to meet with a mentor at least six hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues: _____

Does your child have any special problems (health problems, allergies, learning disabilities, behavior disorders) a volunteer should be aware of? _____

Describe your child's school performance including grades, homework, attendance, behaviors, etc. _____

Is your child currently having any problems either at home or school?

Is the child's non-custodial parent living in the area? __Yes __No Where? _____
Does he or she visit the child? ____Yes __No How often? _____

Briefly describe their relationship: _____

Would this parent have any objections to your child's participation in Kinship? _____

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

Is there anything else you think would be helpful for the Kinship staff or mentor to know about your child? _____

Parent/Guardian Signature _____ Date _____

For Child or Youth to fill out: (Parent/guardian may help very young child)

Circle the words you think describe you best:

- Happy Active Quiet Curious Athletic Friendly Shy
Sad Smart Talkative Fun-loving Artistic Strong Determined

Any other words that describe you? _____

What do you like to do with your friends? _____

What are your favorite subjects in school? _____

If you could learn something new, what would it be? _____

What are your favorite subjects to read about? _____

What person do you most admire and why? _____

If you could learn about a job/career, what would it be? _____

What is one goal you have set for the future? _____

Describe your ideal Saturday: _____

Circle the kinds of things would you most like to do with a Kinship volunteer:

- | | | | |
|----------------------|-----------------|----------------|--------------------|
| Bike Riding | Crafts | Art fairs | Woodworking |
| Fishing | Boating | Canoeing | Volunteer work |
| Bowling | Hiking | Picnicking | Carving |
| Figure Skating | Model building | Reading | Singing |
| Sledding | Cooking | Baking | Painting |
| Cross country skiing | Gardening | Talking | Animal tending |
| Swimming | Music | Board games | Play cards |
| Football | Indoor games | Collections | Hair/makeup |
| Play catch | Window shopping | Auto mechanics | High school sports |
| Basketball | Weight training | Hockey | Golf or Mini-Golf |
| Soccer | Ping pong | Tennis | Pool |
| Walking | Movies | Museums | Concerts |
| Help with homework | Fashion | Plays | Drawing |

Other: _____

Please sign your name here _____

Please read this carefully before signing.

Kinship of the Park Rapids Area appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their child/youth to participate in the Kinship mentoring program.

After receiving this completed application from you, we will contact you to schedule a home visit and interviews both with you and with your child. We will then evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the Kinship mentoring program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by his/her mentor and/or Kinship staff or representatives while participating in the mentoring program, and that such transportation is voluntary and at his/her own risk.

_____ I release Kinship of the Park Rapids Area of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Kinship mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow Kinship of the Park Rapids Area to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials including brochures, display boards, posters, DVDs, website, newsletters, local newspapers, etc.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Print Parent/Guardian Name: _____

Parent/Guardian Signature

Date



Kinship of the Park Rapids Area

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____ Teachers _____

Social Worker: _____ Counselor/Therapist: _____

In-Home Worker: _____ Other: _____

I hereby grant permission for Kinship of the Park Rapids Area to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Kinship staff may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Kinship of the Park Rapids Area to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff to help determine my child's eligibility and appropriateness for the Kinship program, to help in selecting an appropriate volunteer for my child and/or in helping the staff and volunteer learn how to best relate to my child.

I authorize Kinship of the Park Rapids Area to obtain any needed information regarding my child from his/her social worker, physician and/or mental health worker for information to help determine my child's eligibility and appropriateness for the Kinship program, to help in selecting an appropriate volunteer for my child and/or in helping the staff and volunteer learn how to best relate to my child.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Name: _____

Parent/Guardian Signature

Date

For the safety of my child, _____, I hereby authorize my child's mentor _____, Kinship staff or any other volunteer with Kinship of the Park Rapids Area to secure emergency medical attention for my child, in the event that I cannot be contacted.

Our local doctor _____ at (name of clinic) _____ 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 policy name and number to be used:

_____ Date Signature