



Kinship of the Park Rapids Area
P.O. Box 282
Park Rapids, MN 56470

218-732-0058

kinship@unitelc.com
www.kinshipparkrapids.org

Dear Mentor,

Thank you for your interest in becoming a mentor with Kinship of the Park Rapids Area. All adults who wish to actively mentor a child must complete the application in addition to providing Personal References, Interest Survey, Background Investigation and Exchange of Information Release. When applicants plan to mentor as a couple, we ask each person to complete an application. This helps in making the best match possible for you. Children and youth who wish to mentor with their parent need to complete the Application for Youth to Mentor with Parent.

Once you have completed your application, and signed all of the forms, please return it to:

Kinship
PO Box 282
Park Rapids, MN 56470

Please include:

- Copy of Driver's Licenses of all drivers in the home
- Copy of Proof of Car Insurance

The Kinship matching process often takes several weeks to complete:

- You complete and return the volunteer application
- We check all references and background checks
- We interview you in your home
- The Board of Directors approves all new mentors
- You attend an orientation for new volunteers at Kinship
- We match you with a Kinship Youth in their home

Please understand that if you are accepted into the Kinship program, any final decision about whether you are an appropriate volunteer for a specific child rests with the parent/guardian of that child. Acceptance into the program does not guarantee that a match can or will be made.

Any information obtained through this application process, and deemed, by the Kinship staff, to be relevant to your appropriateness as a volunteer for a particular child, may be communicated to the parent/guardian of that child. You will receive similar relevant information about the background and family of any child with whom you are being considered for a match as deemed appropriate by the Kinship staff. However, your full name, as well as the full name of the child and his/her family members, will be kept confidential until all parties agree to a match. This process helps insure that the wishes of all parties are respected, yet maintains privacy should a match be declined by either party.

Thank you for your interest in making a difference in the life of a child!

If you have any questions about Kinship programs and/or the application process, please call me at 732-0058 or email kinship@unitelc.com.

I look forward to working with you!

Rosy Hjermstad
Executive Director

"Kinship Empowers youth to make positive life choices through relationships with caring mentors"

Kinship of the Park Rapids Area Volunteer Mentor Application

1. Name _____
 First Middle Maiden and Previous Last Names Last

2. Address _____
 Street City/State Zip

3. Date of Birth _____ Age _____ Place of Birth _____

4. Home phone _____ Work _____ Cell _____

E-Mail address Home _____ Work _____

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

Street City/State Zip

Street City/State Zip

6. FAMILY STATUS: Single Married Divorced Separated Cohabiting

Spouse's or Significant Other's Name _____

Number of years married/together _____ 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? _____

Spouse's interest in mentoring: mentor as a couple occasionally involved none

7. EMPLOYMENT:

Current employer _____

Address _____

Supervisor's Name: _____ Title: _____

Phone: _____

Your position _____ Work phone _____

Can you be called at work? _____ Best time _____

Length of time at this job _____

Last employer _____ Address _____

Supervisor's Name: _____ Title: _____ Phone: _____

Position Held: _____ Length of time at that job _____

Reason for leaving _____

8. EDUCATIONAL RECORD (please fill in the school)

Elementary _____ High School _____

College or Technical College _____

College or Vocational Major _____

Did you graduate _____ If so, date of graduation _____

9. MILITARY SERVICE:

Time served _____ Branch _____ Rank _____

Date and Kind of Discharge _____

10. VOLUNTEER RECORD:

Please list the service clubs, fraternal organizations, and volunteer boards to which you belong.

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

List your past experience with children or youth

12. TRANSPORTATION:

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

Do you have your own car? _____ If no, do you have regular access to use of a car?

_____ Car belongs to: _____

Make _____ Model _____ Year _____ Color _____

License Plate # _____

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

Name of Insurance Company _____

Policy # _____

Has your car insurance ever been cancelled? _____

Reason? _____

Have you had any moving violations or accidents in the last 5 years? _____

Please describe _____

13. EMERGENCY CONTACT:

Name _____ Relationship: _____

Daytime Phone: _____ Cell: _____ Home: _____

14. QUESTIONS:

What made you decide to become a mentor now?

What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.

Can you commit to participate in the Kinship mentoring program for a minimum of one year from the time you are matched with a youth?

Are you available to meet with a child for six or more hours per month and have contact at least once per week? Please explain any particular scheduling issues.

Describe your general health. Do you have any physical limitations or concerns? Are you taking any medications on a regular basis?

Have you ever been arrested or convicted of a crime? If so, what were the circumstances?

Have you ever used illegal drugs? If so, what substances were used and how often?

Do you drink alcoholic beverages? If so, what and how often?

Have you ever been convicted of a DUI, driving while under the influence of alcohol? ___ If yes, when and what were the circumstances?

Do you use tobacco products? If so, what and how often?

Have you ever received treatment for alcohol or substance abuse? If yes, please explain.

Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.

Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

Are you willing to communicate regularly and openly with Kinship staff, provide information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

Are you willing to attend an initial mentor training session and participate in additional training opportunities after being matched?

Please read this carefully before signing:

Kinship of the Park Rapids Area appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that Kinship of the Park Rapids Area Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ I release Kinship of the Park Rapids Area of all liability of injury, death, or other damages to me, my family, estate, heirs, or assigns that may result from my participation in the program, including but not limited to transportation, and hold harmless any Kinship mentee and family member, 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 me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of valid driver's license
- Proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form

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

Signature

Date

Please return or mail this application and the items listed above to:
Kinship, P.O. Box 282, Park Rapids, MN 56470

PERSONAL REFERENCES:

Please give names, complete mailing addresses, and **phone numbers of at least three** people you would like to use as character references (only people you have known for at least a year). Any information Kinship gathers from these references will be held as confidential and not released to you, the applicant.

Family member or relative (outside your home)

Name _____ Phone _____ Cell _____

Address _____

Relationship: _____ How long known: _____

Employer or Co-Worker

Name _____ Phone _____ Cell _____

Address _____

Relationship: _____ How long known: _____

Friend or Neighbor

Name _____ Phone _____ Cell _____

Address _____

Relationship: _____ How long known: _____

Other (Teacher, Minister, School Counselor, etc.)

Name _____ Phone _____ Cell _____

Address _____

Relationship: _____ How long known: _____

Mentor Interest Survey

Name: _____ Date: _____

Please complete the following. This survey will help us know more about you and your interests and help us find a good match for you.

Please indicate the age group(s) you are interested in working with:

Age: __6-9__ __10-11__ __12-14__ __15-18__ Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child with special needs? If so, please specify special needs you would be willing to work with. _____

What are some favorite things you like to do with other people?

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

Describe your ideal Saturday.

Please check all activities you would be interested/willing to do with your mentee:

Biking	Cooking	Baking	Concerts
Bowling	Gardening	Talking	Animal tending
Skating	Crafts	Board games	Play cards
Sledding	Music	Collections	High school
Cross Country	Plays	Auto mechanics	sport events
Skiing	Hiking	Hockey	Help with
Swimming	Window	Tennis	homework
Football	shopping	Woodworking	Golf
Play Catch	Ping pong	Canoeing	Mini-Golf
Basketball	Movies	Carving	Pool
Soccer	Boating	Painting	Fashion
Walking	Picnicking	Singing	Volunteer work
Fishing	Reading	Museums	Model building

Other:



Kinship Of The Park Rapids Area

ETHICAL STANDARDS STATEMENT

I promise to conduct myself in a responsible manner while with any Kinship mentee, and to strive to insure his or her safety in my presence.

I promise to protect against and prevent child abuse and neglect, whether physical or emotional, through my own actions and involvement in Kinship, and by reporting any suspected occurrences of child abuse or neglect to the appropriate authorities.

I will carefully restrain from discussing any program participant's personal affairs with anyone outside the Kinship staff or board members. In addition, all information seen or heard regarding program participants is completely confidential and not to be discussed with family members, friends or other Kinship volunteers outside the context of mentor training or mentor support gatherings.

Furthermore, I will not use my position with the agency, or my knowledge of the organization or its plans, for personal profit for myself, family, friends, or any outside interests with which I may be affiliated or have an investment.

I will respect the rights of the Kinship youth and his or her parent/guardian above my own personal needs and interests.

In signing this agreement, I acknowledge that I have read the Ethical Standards Statement and agree to its contents. I understand that if I breach this agreement, the incident will be researched and proper action will be taken up to and including my removal from serving in the program.

Signature _____ Date _____

Signature _____ Date _____



BACKGROUND INVESTIGATION AND EXCHANGE OF INFORMATION RELEASE
 One per each adult Mentor Applicant

I authorize Kinship to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from Intellicorp Inc., local law enforcement offices, any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Kinship to conduct the same investigation of my background in previous states where I resided.

I further understand that acceptance into the program does not guarantee a match can or will be made. If I am accepted into the Kinship program, any final decision about whether I am an appropriate volunteer for a specific child rests with the parent/guardian of that child.

I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

I have read and understand the above, give my permission for the background investigation and will be prepared to provide my social security number to facilitate the search. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from the Kinship program. This authorization will be valid from the date of my signature and for the duration of time that I am a Kinship mentor.

Last name	First	Middle	Maiden and Former Last Name(s)
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Address	Date of Birth	Gender
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Drivers License #	State of Issue
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Please list any other cities, states, and dates of residency during the past 10 years.

City	State	From (m/year)	To (m/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature	Date
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BACKGROUND INVESTIGATION AND EXCHANGE
OF INFORMATION RELEASE

One per each non-applicant adult living in the home of Mentor Applicant

I understand that as part of the process of my spouse/partner/parent/adult child applying to become a Kinship volunteer, Kinship of the Park Rapids Area will investigate my background (driving record and criminal history/record) through Intellicorp, Inc. and local law enforcement offices. I thereby authorize any herein named persons, and local and state agencies, to release any information requested by Kinship relevant to me or my spouse's, partner's, adult child's or parent's volunteer candidacy. I authorize the Hubbard County Sheriff's Office/Park Rapids Police Department to disclose any criminal involvement to Kinship of the Park Rapids Area.

I have read and understand the above, give my permission for the background investigation and will be prepared to provide my social security number to facilitate the search. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination of me or my spouse/partner/parent/child from the Kinship program. This authorization will be valid from the date of my signature for the duration of time my spouse/partner/parent/child is a Kinship mentor.

Full name of applicant

Last	First	Middle	Maiden and Former Last Names
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Address _____

Date of Birth _____ Gender _____

Driver's License # _____ State of Issue _____

Signature _____ Date _____

A copy of this form is suitable for submission

Kinship of the Park Rapids Area

Mentor Job Description

Updated May 2014

Kinship of the Park Rapids Area helps to empower youth in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

Mentor Role

- Provide support to mentees by being there during tough times and celebrating their successes
- Engage mentees in a rich array of activities, from just hanging out to trying creative new experiences
- Empower mentees to be full partners in the relationship by sharing responsibility for choosing activities you do together
- Have high expectations for the behavior and achievement of mentees
- Model positive values through your priorities and choices
- Foster mentees' commitment to learning. Connect their real-world interests to academics
- Help mentees hone positive values and social competencies, such as honesty, integrity, and respecting people who are different from them
- Be a trustworthy adult. Maintain confidentiality whenever possible, and help mentees seek outside help when necessary
- Remind mentees of their purpose, worth and promise

Participation Requirements

- Be at least 21 years old
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history
- No use of illicit drugs
- No use of alcohol or controlled substances in an inappropriate manner
- Not currently in treatment for substance abuse; have at least a five year period of non-addiction
- Not currently in treatment for a mental disorder or hospitalized for such in past three years

Time Commitment

- Make a one-year commitment
- Spend a minimum of six hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial two-hour training session and an additional training session during each year of participation in the program
- Attend optional mentor/mentee group activities and mentor gatherings

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Benefits

- Personal fulfillment through contribution to the community and individuals
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Mileage and expenses are tax deductible
- 55+ eligible for RSVP membership with mileage reimbursement and additional insurance
- Personal ongoing support and supervision to help the match succeed
- Mentee/mentor group activities, complimentary or reduced tickets to community events, participant recognition events

Application and Screening Process

- Written application
- Driving record check
- Criminal history check: national, child abuse and neglect registry, sexual offender registry
- Personal interview
- Provide three personal references
- Proof of current car insurance
- Approval by Kinship board of directors
- Attend two-hour mentor training

For more information, contact the Executive Director at 218-732-0058 or kinship@unitelc.com or visit www.kinshipparkrapids.org .