

**KINSHIP OF AITKIN COUNTY  
MENTOR VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Spouse/Significant other's name: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

Plan to mentor as:  an individual  a couple  a family

**WORK EXPERIENCE**

Current Work Status:  work full-time  work part-time  stay-at-home  retired

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work email: \_\_\_\_\_

May we contact you at work: \_\_\_\_\_ Working hours: \_\_\_\_\_

How long have you lived been employed there? \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

Have you ever applied to our agency or other volunteer program?  yes  no

If yes, when and where? \_\_\_\_\_

Have you ever been a mentor before?  yes  no

If yes, please list name and location of agency: \_\_\_\_\_

Please list any other volunteer experience (organization and type of experience):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or mental condition which may limit your ability to serve as a mentor?

If so, please describe: \_\_\_\_\_

**COMMITMENT**

How long have you lived in the Aitkin County area? \_\_\_\_\_

Do you sincerely believe you can meet with a child on a regular basis for at least one year? \_\_\_\_\_

## KINSHIP OF AITKIN COUNTY REFERENCES

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Please list the names and addresses of at least three (3) persons who can vouch for your reputation and character and who have known you for at least two (2) years. Also include a present employer as a reference. We may contact references by phone, mail and/or email. (Please print or type)

**Personal References:** *Please use the names of people who have seen you work with children.*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Family Reference:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Employer or Supervisor Reference:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please notify your references and encourage them to return their reference as soon as possible after receiving them.**

## VOLUNTEER POLICY AND PROFILE

Kinship of Aitkin County is a social service program designed to help children who have shown a need for a strong relationship with an interested and caring adult. Therefore, the assessment process is designed to do two things:

- (1) First, to determine whether you and this program fit well together. Past and present information regarding family, health, personality, behavior, interests, etc. will be discussed.
- (2) Second, to get a sense of who you are so we can make the best possible match. Information on your background and interest will be shared with the parent/guardian of your potential Kinship child on a first name basis. Similar information will be shared with you regarding the child. While this program is an interfaith and interracial one, the desires of all concerned parties are respected in the selection process. Any party has the right to refuse match proposal based on the information communicated.

**The undersigned acknowledges and agrees that:** (1) The applicant is not obligated, if called upon, to perform the volunteer services herein applied for and the agency is not obligated to assign, or actively seek to assign, him/her a child. (2) As a part of the agency's assessment process, additional personal information may be elicited from the applicant by professional agency personnel. (3) The applicant acknowledges that she/he has read and understands the orientation packet included with this application packet. (4) He/she also agree to contact Kinship staff if any critical information (i.e. license revocation, DUI's, criminal charges and/or convictions) occur after he/she have become part of the Kinship of Aitkin County program.

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

## KINSHIP OF AITKIN COUNTY MENTOR DEMOGRAPHICS

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The following information is for statistical records and grant eligibility and has no bearing on service or acceptance.

Please check the following as it is true for you:

### Racial or Ethnic Background

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> American Indian/Alaskan | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American                      |
| <input type="checkbox"/> Hispanic/Latino         | <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other |

### Gender

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

### Family Status

- |                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Single  | <input type="checkbox"/> Divorced | <input type="checkbox"/> No Children                       |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed  | <input type="checkbox"/> Children – Number of Children: __ |

### Religious Beliefs

- |   |                                 |   |
|---|---------------------------------|---|
| <input type="checkbox"/> Atheist  | <input type="checkbox"/> Hindu  | <input type="checkbox"/> Muslim                               |
| <input type="checkbox"/> Buddhist                                       | <input type="checkbox"/> Jewish | <input type="checkbox"/> Other: <i>(please specify below)</i> |
| <input type="checkbox"/> Christian <i>(please specify denomination)</i> | _____                           |   |

### Highest Level of Education

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Some High School    | <input type="checkbox"/> Associates Degree | School: _____   |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Bachelors Degree  | <input type="checkbox"/> Current Student                |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Graduate Degree   | <input type="checkbox"/> FT <input type="checkbox"/> PT |

### Languages Spoken Fluently

- |                                  |                                |                                |
|----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
|----------------------------------|--------------------------------|--------------------------------|

### How did you hear about this program?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper / radio      | <input type="checkbox"/> Newsletter            | <input type="checkbox"/> School                           |
| <input type="checkbox"/> County Fair            | <input type="checkbox"/> Web Site / Internet   | <input type="checkbox"/> After school program             |
| <input type="checkbox"/> Word of Mouth – parent | <input type="checkbox"/> Word of Mouth – staff | <input type="checkbox"/> Word of Mouth – mentor/volunteer |
| <input type="checkbox"/> Presentation           | <input type="checkbox"/> Other                 | _____   |

## KINSHIP OF AITKIN COUNTY MENTOR PREFERENCE

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For the success of our program and your mentoring relationship, we'd like to match you with the child best suited for you and your interests. Please check the categories on this form that will best describe the child you would like to work with. If a category makes no difference to you, check the box that says "Does not matter". Remember, there are no wrong answers.

### I would most like the youth I mentor to be:

**Gender** – individuals will be matched same gender, couples/families may indicate preference

- Girl                                       Boy                                       Does not matter

### Age

- 5-6 (Pre-K/Kindergarten)     7-8 (Early Elementary)     9-11 (Late Elementary)  
 12-14 (Junior High)     15-17 (High School)     Does not matter

### Racial or Ethnic Background

- American Indian/Alaskan     Asian/Pacific Islander     Black/African American  
 Hispanic/Latino     White/Caucasian     Does not matter

### Religious Beliefs

- Atheist                                       Hindu                                       Muslim  
 Buddhist                                       Jewish                                       Other: \_\_\_\_\_  
 Christian (please specify) \_\_\_\_\_  Does not matter

### Personality

- Shy     Outgoing                                       Talkative  
 Assertive                                       Reserved                                       Creative  
 Intellectual/Academic     "Hands-on" learner     Does not matter

### Specific issues you would not be willing/able to work with

- Physical/sexual abuse     Emotional problems     ADHD (hyperactive)  
 Drug/alcohol abuse     Family conflicts     Sexually active  
 Low income home     Homeless     Low academic performance  
 Gang/criminal activity     Physical disability     Other: \_\_\_\_\_

### Please list any hobbies/interests you would like your mentee to have:

### What times can you meet with your mentee?

Weekdays: \_\_\_\_\_ Lunchtime: \_\_\_\_\_ After school: \_\_\_\_\_ Evenings: \_\_\_\_\_  
Weekends: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Thank you for your answers. We will do our best to match you with an appropriate mentee.

**KINSHIP OF AITKIN COUNTY MENTOR QUESTIONNAIRE**

Please fill out this form the best you can. These questions, as well as others, will be discussed during your interview.

Name: \_\_\_\_\_

Why do you want to be a mentor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the significant role models you have had in your life.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your childhood family relationships and how they might influence a mentoring relationship.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your previous experience with children. Please check the following that apply:  
Paid or volunteer experience with children \_\_\_\_\_  
Formal training in working with children \_\_\_\_\_  
Parenting experience in raising own children \_\_\_\_\_  
No experience \_\_\_\_\_ Other (please describe) \_\_\_\_\_

Describe your educational experiences, starting with high school. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your work experience in the past five years, or attach a resume. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your long range goals for yourself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your expectations of a mentoring relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What assets do you have that would benefit a mentor/child relationship? \_\_\_\_\_

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Please list any hobbies, activities, or skills in which you excel: \_\_\_\_\_

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What concerns do you have about being a mentor in this program? \_\_\_\_\_

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Considering the children we've described to you in the orientation sheet, describe any situation you would feel uncomfortable working with: \_\_\_\_\_

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How would you feel about mentoring a child whose behavior, standards, values and attitudes differ from yours? \_\_\_\_\_

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### **DRIVING RECORD AND CRIMINAL HISTORY CHECKLIST**

DRIVING RECORD: *Please answer yes or no*

Do you have access to a vehicle? \_\_\_\_ a valid MN driver's license? \_\_\_\_ proof of auto insurance? \_\_\_\_

Have you ever had a moving violation? \_\_\_\_ an accident? \_\_\_\_ an unpaid ticket? \_\_\_\_ an alcohol related offense? \_\_\_\_ an outstanding warrant? \_\_\_\_ license suspended? \_\_\_\_ license revoked? \_\_\_\_

Explain: \_\_\_\_\_

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CRIMINAL HISTORY: *Please answer yes or no*

Have you ever had a name change? \_\_\_\_ Used an alias? \_\_\_\_ (must list on the background check form)

Have you ever been accused, charged or convicted of a crime? \_\_\_\_ (violent crime? \_\_\_\_ sex crime? \_\_\_\_)

Have you ever been accused, charged or convicted of abuse or neglect? \_\_\_\_

Are there any current civil suits/lawsuits against you? \_\_\_\_

What do you expect we'll find from your criminal history check? \_\_\_\_\_

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

## **KINSHIP OF AITKIN COUNTY CONSENT FORM**

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### **ACTIVITY CONSENT**

I assume all risks and hazards incidental to participating in any Kinship of Aitkin County sponsored or related activity, including transportation, and I release the supervisors, participants, and Kinship of Aitkin County from any claims arising from an injury to myself.

I offer this statement of the satisfactory health condition of myself in lieu of a doctor's health statement.

I agree to the use (without compensation) of my name, photograph, videotape or any likeness for promotional purposes.

Initial \_\_\_\_\_

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### **INFORMATION CONSENT**

I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/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.

Initial \_\_\_\_\_

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### **ETHICAL STANDARDS STATEMENT**

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

I promise to conduct myself in a responsible manner while with any Kinship Youth, and to strive to insure his or her safety in my presence. I will respect the rights of the Kinship youth and his/her parent/guardian above my own personal needs and interests.

In addition, no volunteer, employee, board member, or anyone affiliated with the Kinship program, shall use his or her position with the agency, or his or her knowledge of the organization or its plans, for personal profit for himself or herself, family, friends, or any outside interests with which he or she may be affiliated or have an investment. I in my position as a mentor for Kinship of Aitkin County understand and agree to adhere to the above policy.

Initial \_\_\_\_\_

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### **OPTIONAL EVALUATION CONSENT**

Kinship of Aitkin County collects information about children and their mentors. We use this information as part of our program evaluation to understand the impact of mentoring on children, which will help us with program planning and grant funding. When a child is included in the evaluation, three types of information will be used. These are: 1) the information a parent provides about their child during the interview, 2) the information the child gives, 3) the information you give as the child's mentor. All information is confidential. The information will be coded so that no names of children or families will be included. The coded data will be available to the staff of Kinship, to students and a faculty member from the University of Minnesota, Duluth. When the results are reported, they will be describing a group of children and not any one child. It is possible that we will use some examples of how children change. No names or identifying information will be used.

Your consent is necessary for you to be included in this evaluation. If you choose not to be included it will have no impact on you or your mentee being included in any of the programs of Kinship of Aitkin County.

Initial \_\_\_\_\_

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