



KINSHIP OF POLK COUNTY
118 Center St.
Amery, WI 54001
Phone: 715-268-7980
E-mail: mentoring@polkkinship.org

VOLUNTEER APPLICATION

Date _____

Name: Ms. _____ Birthdate _____

Mr. _____ Birthdate _____
 first middle last

Address _____ Phone _____

Year moved to Polk County _____ Former city/county _____
(if at current address less than 5 years)

E-Mail Address _____

Employment _____ phone _____ Can you be called
at work? _____

Do you have a car? _____ Do you carry liability insurance? _____

Driver's License # _____ SSN# _____

Do you carry homeowners or renters insurance? _____

Educational background _____

Marital status _____ Religious affiliation if any _____

Significant other's name (if not applying together) _____

Others in household:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Changes in family or vocation anticipated within next year:

How did you learn about Kinship?

List any previous experience working with children.

List any other volunteer experience.

To what clubs or organizations do you belong?

Why are you interested in this program?

How much time do you feel you have to give each week?

What are some of your activities, interests and hobbies?

What do you feel you can contribute to a child?

What are your expectations as a volunteer?

What, if any, obstacles or difficult times have you experienced?

How much do you know or have you experienced things like divorce, single parenting, family violence, or drug/alcohol problems?

How comfortable will you be with a child who has experienced these things and may want to talk about them?

Is there anything you'd be uncomfortable with regarding these issues and a child? Why?

What type of child would you feel most comfortable with?
(i.e. aggressive, outgoing, withdrawn, shy, etc.) Explain.

Would you be interested in working in other program areas such as children group activities, recruiting, or other? If yes, please specify your interest?

Please list 3 non-related references

Name _____ Mailing Address – City, State, Zip _____
1. _____
Email _____ Phone _____

_____ Mailing Address – City, State, Zip _____
2. _____
Email _____ Phone _____

_____ Mailing Address – City, State, Zip _____
3. _____
Email _____ Phone _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand that it will be necessary for Kinship of Polk County, Inc. to investigate my background and to check my character references. I hereby give my written consent for this information exchange and authorize such agencies or persons to release any requested by Kinship of Polk County, Inc. I understand that the agencies or persons to be contacted may be employers, courts, police, social services, and any other persons or agencies with whom I have had contact pertinent to this application. I understand that upon my acceptance in Kinship, information about my self will be shared with perspective match family.

Signed: _____
Dated: _____

I agree to conduct myself in a responsible manner while with my Kinschild and insure his/her safety in my presence. I will respect the confidences of my Kinschild and his/her family. I will protect against and prevent child abuse whether physical or emotional through my own actions and involvement in Kinship and through reporting any such occurrence beknown to me.

Signed: _____
Dated: _____

I understand that my picture may be taken while at a Kinship activity with my Kinship friend. I give Kinship of Polk County the permission to use photos of myself for program/promotional purposes.

Signed: _____
Dated: _____

Kinship is an organization that meets guidelines for Confidentiality. I agree to keep confidential all names and information to which I have access when working with youth, families, volunteers and others through Kinship of Polk County.

Signed: _____
Dated: _____