

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



SCHOOL MENTORING VOLUNTEER APPLICATION

Date: _____
Name: _____ **Birthdate:** _____
 First Middle Last
Address: _____ **City:** _____
Phone: _____ **E-Mail:** _____
Employment _____ **Phone** _____ **Can you be called at work?** _____

Grade in School: _____
Do you have a car? _____
Religious affiliation (if any): _____

Others in household: (family members)

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

How did you learn about Kinship?

Why are you interested in this program?

List any previous experience working with children.

List any other volunteer experience.

To what clubs or organizations do you belong?

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(i.e. aggressive, outgoing, withdrawn, shy, etc.)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

Please list 3 non-related adult references (*must have addresses to process application*)

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

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

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: _____