

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(i.e. aggressive, outgoing, withdrawn, shy, etc.)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

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

1. Name _____ Address _____
Phone _____ Email _____

2. Name _____ Address _____
Phone _____ Email _____

3. Name _____ Address _____
Phone _____ Email _____

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.

Signature: _____ Date: _____

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.

Signature: _____ Date: _____