

**KINSHIP OF POLK COUNTY**  
PO Box 68  
Balsam Lake, WI 54810  
**Phone:** 715-405-3900  
**E-mail:** mentoring@polkkinship.org



**PARENT/ YOUTH APPLICATION**

**Date** \_\_\_\_\_

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

Telephone#: \_\_\_\_\_ (cell) \_\_\_\_\_ (home) Religion: \_\_\_\_\_

Parent(s) place of employment: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Youth's brothers and sisters names and ages: \_\_\_\_\_

School District: \_\_\_\_\_ Grade: \_\_\_\_\_ Do you like school? YES NO

What is your favorite subject? \_\_\_\_\_ Organizations: \_\_\_\_\_

Who referred you to Kinship:  County  School  Other: \_\_\_\_\_

**Circle the words that best describe you:**

- |          |          |             |         |
|----------|----------|-------------|---------|
| SHY      | FRIENDLY | GIFTED      | AVERAGE |
| CHEERFUL | UNHAPPY  | COURTEOUS   | RUDE    |
| SILLY    | SERIOUS  | HONEST      | TRICKY  |
| HELPFUL  | LAZY     | MEAN        | KIND    |
| BORED    | BUSY     | INDEPENDENT | LOYAL   |

What do you like to do for fun?

What would you like to learn?

What should your Kinship friend be like?

What special things should your Kinship friend know about or be able to do?

Youth's signature: \_\_\_\_\_

**NOTE TO PARENT OR GUARDIAN:**

*Kinship's purpose is to add a new dimension to your child's personal and social development through matching them with an adult friend. It's essential to the success of your child's match that you approve of and encourage the new friendship. To maintain the positive relationship, we ask that you contact the Kinship office if questions or problems arise. By answering the following questions, you will help us to find the right Kinsperson for your child.*

What do you expect of Kinship and your child's volunteer?

What do you want your child to gain from this experience?

Does your child have any medical, physical, or emotional condition?

If you are a single parent, how has your child adjusted to the absence of the other parent?

Is there visitation? YES NO *If yes, please explain:*

How does the other parent feel about Kinship?

Is there any further information you feel would be useful in helping us to find the right volunteer mentor?

I understand that Kinship of Polk County carefully screens all mentor applicants, including the use of reference and police record checks as well as a personal interview. A mentor will not be assigned to my child without full approval by me. However, I recognize that the service provided by Kinship and my child's mentor does not usurp, substitute for or relieve me of my parental responsibilities. As a parent or guardian, I continue to assume full responsibility for the supervision of my child, his or her volunteer mentor and the activities in which they participate. I relieve Kinship of all responsibility and the liability for match results, including any personal injury to my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my approval freely to my child's participation in Kinship and pledge my support in helping the friendship grow. I have read this application, understand and agree to it.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give my permission to Kinship of Polk County to exchange pertinent information, while in active status, regarding my child and family with the referral source and with Kinship volunteer(s) who may be in contact with my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that my child's picture may be taken while at a Kinship activity with his/her mentor. I give Kinship of Polk County the permission to use my child's photos for program/promotional purposes.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_