



What is Kinship?

Kinship is a community program that matches carefully screened adult volunteers with children who, for various reasons, can benefit from a special relationship with an adult. Each week the volunteer shares an agreed upon amount of time with the child doing activities both can enjoy. One week they might go fishing, or to a movie, and the next week they might just bake cookies or take a walk.

Though the activities themselves are not as important as the time the volunteer and child spend together, those that emphasize safe, enriching, and educational experiences and promote responsibility and community participation are encouraged and supported by Kinship.

What types and ages of children are matched?

Children ages 5-15 from the Cumberland and Turtle Lake School Districts are served by our affiliate. We match children from all socio-economic groups and accept the idea that every child can benefit from additional adult role models.

What is the history of the Kinship program?

Kinship began in Minneapolis, Minnesota as an outreach program serving at risk youth who had been involved with the court system. This was over forty years ago. One to one mentoring of these youths turned out to be so successful that the program was expanded to reach other children who would benefit and the focus was shifted to prevention and working with younger children.

In 1990 Kinship was restructured and became the National Kinship Affiliate Network and to date there are more than 50 Kinship programs operating across the country, primarily in the Midwest. Kinship of Wisconsin, the state organization, includes 17 affiliates and is still growing. In 2001, a grant was received which has resulted in the beginning or expansion of 14 affiliates in the northern Wisconsin area.

Kinship is unique among mentoring programs in that we encourage not only single people, but also couples and families to become mentors for children.

What kinds of safeguards are built in to the Kinship program?

Mentors apply by contacting the office and completing the application information. A committee carefully screens adult mentors through references, criminal history and driving records, and thorough home interviews. The committee looks over each application and all relevant paperwork to decide on an applicant's possible contributions to the program and approve the final matches.

How is Kinship Youth Mentoring structured?

Each Kinship affiliate has a Board of Directors and is required to have a paid Program Director. The Board sets policies and procedures and the Director is responsible for the day-to-day operation of the program. As the affiliate grows it is common to add staff in order to monitor matches and serve more children. A survey of mentoring programs estimates that the costs for monitoring one match is \$1200 per year. Most programs adhere to the rule of thumb that limits children served to 1.5 per paid staff hour. This is done to ensure that mentor, parent, and child are getting the help and supervision they need to make their match a successful one.

How can we find out more about our local Kinship?

If you are interested in referring a child to the program, becoming a mentor, volunteering to help with activities, or to schedule a Kinship presentation, please call the Kinship office at 822-5553 or email makeadifference@kinshipctl.org. Amanda Williams (Executive Director) would be happy to answer any questions you may have.

Kinship of Cumberland & Turtle Lake
Child's Information

Your Name: _____ Age: _____ Birthdate: _____

Address: _____

Your Age: _____ Your Grade: _____ Graduation Year: _____

Parent/Guardian's Name: _____

Parent/Guardian

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Brothers & Sisters:

Name

Age

1) _____

2) _____

3) _____

4) _____

Please circle the words that best describe you:

Shy	Friendly	Gifted	Lazy	Unhappy
Honest	Average	Loyal	Tricky	Courteous
Serious	Mean	Bored	Independent	Careful
Silly	Rude	Helpful	Busy	Kind

What are some other words to describe you?

What activities do you like to do?

What activities would you like to learn?

Do you want an adult friend to talk to and to do things with? _____

What would you like your special Kinship friend to be like? _____

Your signature _____ Date _____

**Kinship of Cumberland & Turtle Lake
Parent/Guardian's Information**

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home/Mobile Phone: _____ Work Phone: _____

Briefly describe your child:

Personality:

Interests:

Problems:

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

Signature: _____ Date: _____



Interest List

Please circle things that you like to do or would like to try. Cross out activities you do not like or cannot do. This will be used for comparing interests of prospective mentors and children.

- | | | |
|--------------------|---------------|------------------------|
| Acting/Drama | Cooking | Rollerskating /blading |
| Animals | Crafts | Singing |
| Archery | Dancing | Skiing (water/snow) |
| Art | Exercise | Soccer |
| Auto Mechanics | Fishing | Softball |
| Auto Racing | Fixing Things | Swimming |
| Badminton | Football | Tennis |
| Baking | Golf | Track & Field |
| Baseball | Gymnastics | Video Games |
| Basketball | Hiking | Volleyball |
| Bicycling | Hockey | Weight Lifting |
| Billiards/Pool | Hunting | Wrestling |
| Board Games | Ice Skating | Other _____ |
| Boating | Instrument | |
| Bowling | (which) _____ | |
| Canoeing | Kayaking | |
| Card Playing | Library | |
| Camping | Movies | |
| Carpentry | Music | |
| Collecting Things | Photography | |
| If so, what? _____ | Ping Pong | |
| Computers | Puzzles | |
| Concerts | Reading | |

Kinship of Cumberland & Turtle Lake
PO Box 441
Cumberland, WI 54829
715-822-5553
makeadifference@kinshipctl.org

Consent to Use Name and/or Photo in Media

I, _____, authorize Kinship of Cumberland and Turtle Lake to use my first name and/or photo, or that of my child (children), for public relations and/or for the purpose of promoting the Kinship program in the Cumberland and Turtle Lake areas.

Please check only those that you will permit:

_____ First Name

_____ Photo in Presentation (scrapbook and display boards)

_____ Photo in Newspapers

_____ Photo in Kinship Websites

_____ Photos on Kinship CTL's Facebook Webpage (The Kinship office will NOT be tagging individuals featured in the photos).

Names of people covered by this authorization:

_____	_____
_____	_____
_____	_____
_____	_____

This authorization is effective until involvement with Kinship is terminated or it may be withdrawn at any time by contacting the Kinship office.

Signed: _____ Date: _____

****Please note: First names only will be used when referring to Kinschildren.****

Kinship of Cumberland & Turtle Lake

PO Box 441

Cumberland, WI 54829

715-822-5553

makeadifference@kinshipctl.org

Permission to Obtain Release of Information

Date: _____

In order for Kinship of Cumberland & Turtle Lake to obtain or release information regarding your child during the intake/screening process and throughout supervision of the match, please complete the following form by reading its contents and placing your signature on the appropriate line.

* * * * *

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

Name of child: _____ Date of birth: _____

I, undersigned, hereby request and authorize Kinship of Cumberland & Turtle Lake to release to, or obtain from:

Cumberland and/or Turtle Lake Area School Districts, Cumberland and/or Turtle Lake Police Departments, Barron County Department of Social Services and/or information such as is listed below:

- Student ability and achievement records
- Medical and/or related health records
- Psychological evaluations or social work reports
- Disciplinary evaluations and reports
- Appropriate agency reports
- Other _____

Kinship of Cumberland & Turtle Lake may share pertinent information with the mentor of the match as it relates to the success of the match.

(Signature of Parent or Guardian)

(Date)

This release expires 10 days following termination of Kinship involvement and supervision. This information is requested for the purpose of determining eligibility for the Kinship program, to assist in the matching of the child to an appropriate adult volunteer, and to assist a mentor during Kinship's supervision of the match.

Kinship of Cumberland & Turtle Lake
Medical Release

I hereby authorize _____, a volunteer with Kinship of Cumberland and Turtle Lake, to secure emergency medical attention for my child, _____, in the event that I cannot be contacted.

Our local doctor, _____, phone _____, has my permission to release any records that may be needed to treat my child in an emergency.

For emergency purposes, I can be reached at:

1) Home: _____

2) Work: _____

3) Other: _____

My closest friend/relative is:

Name: _____ Phone: _____

Relationship: _____

Regular medication my child receives: _____

Phobias or fears my child has: _____

Any other important medical information:

Please provide insurance, HMO or Medical Assistance information:

Signature: _____ Date: _____

