



### **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.

### **Who can be mentors in the program?**

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 are Kinship affiliates 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](mailto:makeadifference@kinshipctl.org). Amanda Williams (Executive Director) would be happy to answer any questions.



# Kinship

Kinship of Cumberland & Turtle Lake

## Mentor Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Can you be called at work? Yes No

Do you have a valid driver's license? Yes No

Do you own a car? Yes No

Do you have auto insurance (liability)? Yes No

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### *Students Only*

School: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Marital Status: Married Single Divorced Widowed Separated

If married, how does your spouse feel about your involvement with Kinship?

\_\_\_\_\_

Children:	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Others living in household: (include spouse)	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

If you are a parent, how do you think your children will feel about your interest in another child? \_\_\_\_\_

List any previous experience working with children (volunteer or paid):  
\_\_\_\_\_  
\_\_\_\_\_

List any other volunteer experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current community involvement? (clubs, sports, meetings) \_\_\_\_\_  
\_\_\_\_\_

What type of child would you like to be matched with in terms of age, interests, and personality? \_\_\_\_\_  
\_\_\_\_\_

What do you feel you could contribute to a child? \_\_\_\_\_  
\_\_\_\_\_

What would you like to receive from the program? \_\_\_\_\_  
\_\_\_\_\_

How would you feel about being matched with a child known to have behavior problems? (aggressive, withdrawn, a child who steals or lies) \_\_\_\_\_  
\_\_\_\_\_

### **References**

References are contacted by mail. You will be called for an interview as soon as they are returned to our office. On the *Permission to Release Information*, please give complete names and addresses for three people **not** related to you.



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

**Permission to Release Information**

Date: \_\_\_\_\_

Permission to obtain information regarding a potential volunteer during the screening process.

I, undersigned, hereby authorize Kinship of Cumberland & Turtle Lake to obtain information about me from three (3) unrelated references as follows:

1.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Potential Volunteer

\_\_\_\_\_  
Date

This release expires 10 days following termination of involvement with Kinship. This information is requested for the purpose of determining eligibility for the Kinship program and assisting in the matching of the child to an appropriate adult volunteer.



### Interest List

Please circle things on the list that interest you. This will be used for comparing interests of prospective mentors and children.

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



### Kinship Mentor Profile

The following biographical outline is provided to make it easier for you to “introduce” yourself to the parent(s) of a perspective Kinschild. The information you provide will be shared (without names) with the parents in order to provide the means for informed parental consent to the mentoring relationship.

Please feel free to elaborate where you feel it is necessary.

Gender:      Male                  Female

Approximate Age: \_\_\_\_\_

Marital Status:

- \_\_\_\_\_ Husband/Wife
- \_\_\_\_\_ Divorced
- \_\_\_\_\_ Widow/Widower
- \_\_\_\_\_ Single or Never Married
- \_\_\_\_\_ Other

Household Occupants:

_____ Husband/Wife		
_____ Children	Age	Gender
	_____	_____
	_____	_____
	_____	_____

_____ Significant Other:	Male	Female
_____ Housemate/Roommate	Male	Female
_____ Other		

**Other:**

\_\_\_\_\_ Smoking  
\_\_\_\_\_ Non-smoking

\_\_\_\_\_ No alcohol consumption  
\_\_\_\_\_ Social alcohol consumption

Pets:

- Dog(s)
- Cat(s)
- Other
- None

Guns:

- Hunting
- Collection
- No

Are guns locked and ammunition kept in a separate place?                      Yes                      No

Special Interests and Participation

- Church Activities
- Civic Organizations
- Fraternal Memberships

Do you anticipate taking a Kinschild to activities associated with any of the above?

Yes                      No

Religion: \_\_\_\_\_

Please share your reasons for applying to be a Kinship mentor:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



AUTHORIZATION FOR A POLICE CHECK

Kinship of Cumberland & Turtle Lake  
P.O. Box 441  
Cumberland, WI 54829  
715-822-5553  
[makeadifference@kinshipctl.org](mailto:makeadifference@kinshipctl.org)

Kinship is concerned for the safety, well-being and moral development of children in the program. We want to protect them and get the best possible role models for them.

Please note, some police records may not be detrimental. For the safety of the child, the screening committee may eliminate a possible mentor based on certain charges.

I hereby, authorize a complete police check of me and give my consent for any and all information to be released to Kinship of Cumberland, Inc. I understand that this information will be kept confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Print:**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous Names (including Maiden): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

*If you have lived outside of Barron County in the past 5 years:*

Previous Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**OFFICE USE ONLY**

Wisconsin Circuit Court Access  
Record: YES      NO  
Signature \_\_\_\_\_

Barron County Sheriff's Department  
Record: YES      NO  
Signature \_\_\_\_\_

Sex Offender Registry  
Record: YES      NO  
Signature \_\_\_\_\_

**PLEASE ATTACH RECORDS**

