



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 5-18 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 into 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 \$1600 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 715-419-9747 or email: kinshipctl@gmail.com and a staff member would be happy to answer any questions.



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

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
715-419-9747
kinshipctl@gmail.com

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:

Signature: _____ Date: _____

AUTHORIZATION FOR A POLICE CHECK

Kinship of Cumberland & Turtle Lake
1025 Second Ave
P.O. Box 441
Cumberland, WI 54829
715-419-9747
kinshipctl@gmail.com

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