

Board of Directors Youth Volunteer Application

Kinship of Cumberland & Turtle Lake's mission is to encourage every child to reach their highest potential through the development of one-to-one mentoring relationships which foster companionship and guidance while enhancing self-esteem and life skills.

Your interest in serving as a Youth Volunteer for Kinship of Cumberland & Turtle Lake's Board of Directors is Appreciated. Please answer the following questions to give the Board an idea of your experiences and interests. If you have questions please call the Kinship office at (715) 419-9747, to speak with the Program Executive Director. Please return your completed application to the Kinship office as soon as possible.

| Applicant Name: | |
|-------------------|--|
| Address: | |
| Address. | |
| Phone: | |
| Email: | |
| Date of Birth: | |
| School Attending: | |
| Graduation Year: | |

| What Activities are you a part of in school? | | |
|---|--|--|
| | | |
| | | |
| What hobbies do you have outside of so | chool? | |
| | | |
| | | |
| Do you have talents or experiences that | t you believe would be useful in | |
| furthering the goals of Kinship in the co | ommunity? | |
| | | |
| | | |
| Circle any of the following committees th Activities Fundraising | at you might be interested in serving on: Promotion | |
| Please indicate why you have chosen to | apply to become a Youth Volunteer for | |
| this mentoring organization. | | |
| | | |
| By signing below, I understand the con | nmitment that will be expected of me by | |
| the Kinship office personnel and Board | of Directors, should I be approved to be | |
| a Youth Volunteer. | | |
| Applicant Signature: | Date: | |
| Parent/Guardian Signature: | | |