



# Volunteer Application

Our acceptance of your application is no assurance that an appropriate match with a child can or will be made. The decision on a volunteer's placement or continuation with a particular child is made by the parent of that child and the RUSC Kinship Mentoring staff. The following questions are used to make a quality match.

Name \_\_\_\_\_  
First Middle and/or Maiden Last

Address \_\_\_\_\_  
Street City/State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How do you prefer we contact you? \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Please list addresses you have lived at in the last 10 years other than your present address: (use additional sheet if necessary)

\_\_\_\_\_  
Street City/State Zip

\_\_\_\_\_  
Street City/State Zip

**We wish to mentor as a:**    **Individual**                       **Couple**                       **Family**

*\* If applying as a couple or family, separate application forms required for each adult.*

**FAMILY STATUS:** (please check appropriate response)

Single      Married      Divorced      Separated      Cohabiting      Widowed

Spousal or Significant Other's Name \_\_\_\_\_ their occupation \_\_\_\_\_

Do you have children? Please list name, age, and gender of each child:

\_\_\_\_\_

How many of these children are currently living with you in your home \_\_\_\_\_

**EMPLOYMENT:**

Current employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Your position \_\_\_\_\_ Work Phone \_\_\_\_\_ Can you be called at work? \_\_\_\_\_

Length of time at this job \_\_\_\_\_ Last previous employer \_\_\_\_\_

Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Length of time at that job \_\_\_\_\_

Does your employer have a matching funds plan for charitable donations? \_\_\_\_\_

**EDUCATIONAL RECORD** (please fill in the number of years completed, school and location of school)

High School \_\_\_\_\_

Technical College \_\_\_\_\_

College \_\_\_\_\_

College or Vocational Major \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**MILITARY SERVICE:**

Time served \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

Date and Kind of Discharge \_\_\_\_\_

**VOLUNTEER RECORD:**

List service clubs, fraternal organizations, and volunteer boards of which you are a member

\_\_\_\_\_  
Are you affiliated with a church? \_\_\_\_\_ If yes, name of church \_\_\_\_\_

List your past experience with children or youth:

\_\_\_\_\_

**HEALTH:**

Any physical limitations or concerns that would effect your ability to commit at least 1 year to mentoring a young person? \_\_\_\_\_

Describe your current level of alcohol use \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Are there any present or past experiences, events or conditions which may be relevant regarding your relationship with a child? (if yes, please explain):

Physical condition \_\_\_\_\_

Mental illness \_\_\_\_\_

Chemical dependency \_\_\_\_\_

Criminal history \_\_\_\_\_

Have you ever been a victim of a crime? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

**TRANSPORATION:**

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_ If no, do you have access to transportation? \_\_\_\_\_

Do you have current vehicle insurance as required by the State's law? \_\_\_\_\_

Do you plan on providing transportation for your mentee? \_\_\_\_\_

**\_\_\_\_\_ I AGREE THAT I WILL PROMPTLY REPORT TO RUSC KINSHIP MENTORING OF ANY CHANGE IN MY INSURANCE COVERAGE OR DRIVER'S LICENSE STATUS IF TRANSPORTING A YOUTH MENTEE.**

HOW DID YOU HEAR ABOUT KINSHIP MENTORING?(Circle all that apply)

- |           |                   |                            |                       |
|-----------|-------------------|----------------------------|-----------------------|
| Radio     | Facebook          | Parent of a Junior Partner | Campus Event          |
| Co-Worker | Speaker at Church | Speaker at Civic Group     | Current Adult Partner |
| Newspaper | Other _____       |                            |                       |

(Please specify)

ACTIVITIES AND INTERESTS SURVEY:

Please check the activities you enjoy or would like to try:

- |                                                |                                         |                                              |                                          |
|------------------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Spectator Sports      | <input type="checkbox"/> Four Wheeling  | <input type="checkbox"/> Ping Pong           | <input type="checkbox"/> Television      |
| <input type="checkbox"/> Camping               | <input type="checkbox"/> Water skiing   | <input type="checkbox"/> Talking             | <input type="checkbox"/> Movies          |
| <input type="checkbox"/> Football              | <input type="checkbox"/> Swimming       | <input type="checkbox"/> Yard Games          | <input type="checkbox"/> Museums         |
| <input type="checkbox"/> Baseball              | <input type="checkbox"/> Canoeing       | <input type="checkbox"/> Woodworking/Carving | <input type="checkbox"/> Sewing          |
| <input type="checkbox"/> Basketball            | <input type="checkbox"/> Boating        | <input type="checkbox"/> Picnicking          | <input type="checkbox"/> Quilting        |
| <input type="checkbox"/> Track                 | <input type="checkbox"/> Fishing        | <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Gardening       |
| <input type="checkbox"/> Soccer                | <input type="checkbox"/> Hunting        | <input type="checkbox"/> Animal tending      | <input type="checkbox"/> Hair/Makeup     |
| <input type="checkbox"/> Tennis                | <input type="checkbox"/> Bowling        | <input type="checkbox"/> Horseback Riding    | <input type="checkbox"/> Cooking         |
| <input type="checkbox"/> Volleyball            | <input type="checkbox"/> Model building | <input type="checkbox"/> Animals/Pets        | <input type="checkbox"/> Baking          |
| <input type="checkbox"/> Wrestling             | <input type="checkbox"/> Walking        | <input type="checkbox"/> Collections         | <input type="checkbox"/> Dolls           |
| <input type="checkbox"/> Hockey                | <input type="checkbox"/> Reading        | <input type="checkbox"/> _____               | <input type="checkbox"/> Arts and Crafts |
| <input type="checkbox"/> Bike riding           | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Auto Racing/NASCAR  | <input type="checkbox"/> Music           |
| <input type="checkbox"/> Rollerblading/Skating | <input type="checkbox"/> Writing        | <input type="checkbox"/> Auto mechanics      | <input type="checkbox"/> Concerts        |
| <input type="checkbox"/> Figure skating        | <input type="checkbox"/> Painting       | <input type="checkbox"/> Board games         | <input type="checkbox"/> Singing         |
| <input type="checkbox"/> Snow Sledding         | <input type="checkbox"/> Pool           | <input type="checkbox"/> Video games         | <input type="checkbox"/> Dancing         |
| <input type="checkbox"/> Snowmobiling          | <input type="checkbox"/> Golf           |                                              |                                          |

Other: \_\_\_\_\_

What are your favorite/special interests or activities?

Is there anything you dislike or cannot do?

Is there anything new you have been hoping to learn to do or try?

**PERSONAL DATA:**

Do you anticipate any major life changes within the next year? (personal, vocational, or residential)

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain

**REFERENCES:**

Please provide three references. **References forms will be sent via email,**  
if email address is unavailable please provide complete mailing address and phone number.

**Family member or relative (outside your home)**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Email Address \_\_\_\_\_

**Employment Acquaintance**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Email Address \_\_\_\_\_

**Friend or Neighbor**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Email Address \_\_\_\_\_

I understand that RUSC Kinship will contact the listed references and any other persons deemed necessary. RUSC Kinship reserves the right to use the information provided by you, your references, and information from public records for what is deemed to be in the best interest of the RUSC Kinship Mentoring program and the children it serves. Information thus obtained will be used in matching you with a potential child. This information is confidential to the RUSC Kinship Mentoring staff and screening committee.

I understand that misrepresentation of personal information of history could result in termination or non-acceptance in the RUSC Kinship Mentoring program.

***RUSC Kinship Mentoring does not discriminate for reasons of race, religion, national origin, gender or sexual orientation. Final approval for all matches is given by the parent/guardian of the child.***

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

**RUSC Kinship Mentoring**  
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(320) 585-RUSC  
RUSCKinship@gmail.com  
www.rusckinship.org

- Office Use Only
- Database
  - Background Checks Sent
  - Background Checks Received
  - References Sent
  - References Received
  - Training
  - Interview