

# Kinship

Kids 'n Kinship

Please mail your completed application to:  
**Kids 'n Kinship**  
**14870 Granada Ave #127**  
**Apple Valley MN 55124**

Contact Jan Belmore, Executive Director with any questions: 952-892-6368 jbkinship@aol.com

Program use only:  
Ref sent \_\_\_\_\_ Ref complete \_\_\_\_\_

## VOLUNTEER APPLICATION

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**\*\*NOTE: If you are married / have a significant other / or any other adult** the child will come in contact with regularly, this person must answer all questions, and sign the Application and Affidavit in areas designated by the character "b." (Even if they do not intend to be involved as a volunteer in Kids 'n Kinship)

Name a) \_\_\_\_\_ Birthdate \_\_\_\_\_

b) \_\_\_\_\_ Birthdate \_\_\_\_\_

Entering program as: Individual \_\_\_\_\_ Couple \_\_\_\_\_ Family \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_(\_\_\_\_)\_\_\_\_\_ e-mail \_\_\_\_\_ Cell \_\_\_\_\_

Employer

a) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

b) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Can you be called at work? a) \_\_\_\_\_ Hours \_\_\_\_\_

b) \_\_\_\_\_ Hours \_\_\_\_\_

Marital status \_\_\_\_\_

Driver's License # a) \_\_\_\_\_ b) \_\_\_\_\_

Do you have a car? \_\_\_\_\_ Do you carry Liability Ins.? \_\_\_\_\_

Auto Insurance Carrier and policy number \_\_\_\_\_

**NOTE: Please provide a photocopy of your Drivers License(s) as well as your Auto Insurance "Declaration Sheet" that indicates levels of coverage** (i.e. liability \$100,000 per person and \$300,000 per accident). Please list any speeding tickets or moving violations you've had and the year they occurred:

\_\_\_\_\_

- Thank you for applying to Kids 'n Kinship to mentor! Please complete this checklist before mailing your application:
- A copy of my Drivers License is attached
  - A copy of my Auto Insurance levels of coverage is attached
  - I attended or will attend a Kids 'n Kinship information session on \_\_\_\_\_(date)
  - A witness has signed the AUTHORIZATION FOR COLLECTION AND RELEASE OF CONFIDENTIAL INFORMATION
  - Witnesses have signed the AFFIDAVIT OF VOLUNTEER
  - I have notified my references to watch for a letter, in the mail, from Kids 'n Kinship
  - A BACKGROUND CHECK form is attached for each adult living in my household
  - I have completed sections labeled b) if required.

Updated 4.14

Children living at home:

Name	Birthdate	School attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency, contact:

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

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

How long have you lived in the state of Minnesota? \_\_\_\_\_

If you have lived in Minnesota less than five years, list other states of residence \_\_\_\_\_

I learned about Kinship from: \_\_\_\_\_

List past work experience in the last five years: \_\_\_\_\_

\_\_\_\_\_

List any volunteer experiences: \_\_\_\_\_

\_\_\_\_\_

Have you applied elsewhere to be a mentor? \_\_\_\_\_

List experiences working with children (volunteer or paid):

\_\_\_\_\_

\_\_\_\_\_

Community involvement (clubs, sports, etc.): \_\_\_\_\_

\_\_\_\_\_

What type of child would you feel most comfortable with? (Quiet, shy, aggressive, outgoing, withdrawn, etc.)

\_\_\_\_\_

\_\_\_\_\_

What age and sex of child do you prefer to work with?

\_\_\_\_\_

Do you have other preferences about the child, such as race or religion, etc.?

\_\_\_\_\_

\_\_\_\_\_

What are some of your activities, interests, and hobbies?

\_\_\_\_\_  
\_\_\_\_\_

Please list any other languages or cultures you have experience with or have studied:

\_\_\_\_\_

Are there any activities you dislike or cannot do?

\_\_\_\_\_

Denomination/House of Worship attending: \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Why are you interested in this program?

\_\_\_\_\_

Would you be willing to help in other areas of Kinship (clerical, planning and working at outings fundraising, publicity, etc.?)

If yes, please indicate which area:

\_\_\_\_\_

Are there any present or past experiences, events, physical or mental conditions, traits or sexual preferences (including but not limited to, prior criminal history, chemical dependency, or mental illness) which might be relevant regarding your placement as a Kinship volunteer or your relationship with a Kinship child?

No \_\_\_\_\_ Yes \_\_\_\_\_ Other \_\_\_\_\_

Please explain:

Signature (A) \_\_\_\_\_

Date \_\_\_\_\_

Signature (B) \_\_\_\_\_

Date \_\_\_\_\_

Kids ‘n Kinship reserves the right to use information provided by you, information from public records, and information provided by your references, for what is deemed to be in the best interest of the Kinship program.

All information obtained will be used to assess matching you with a potential child. Our acceptance of your application is no assurance that an appropriate match can, or will be made. The decision on a volunteer's placement or continuation as a volunteer for a particular child is made by the parent of that child. Any information obtained, may be presented to a potential parent for consideration.

I agree to assume all risks involved with participating in the Kids 'n Kinship program, including, but not limited to, loss, injury or damage to self and/or property, which may be caused by natural conditions, negligence of Kid 'n Kinship, its directors, officers, employees, agents or volunteers ("Releasee"), other participants or otherwise. I further agree to waive, release and discharge any and all liability to the Releasee and will indemnify and hold the Releasee harmless for all loss, injury or damage resulting from participation in the Kids 'n Kinship program, activities and events.

Signature (A) \_\_\_\_\_

Signature (B) \_\_\_\_\_

**AUTHORIZATION FOR COLLECTION AND RELEASE OF CONFIDENTIAL INFORMATION**

\*\*\*\*\*

I hereby authorize Kids 'n Kinship to investigate my background and check with my references, family acquaintances, public agencies, police, courts, employers, and other sources of information.

I hereby authorize anyone contacted by Kids 'n Kinship to release any information they have on me.

I also authorize Kids 'n Kinship to present any information about me, which they obtain, to the parent or guardian of any child whom I might serve as a Kinship Volunteer.

Signature (A) \_\_\_\_\_

Date \_\_\_\_\_

Signature (B) \_\_\_\_\_

Date \_\_\_\_\_

Witnessed by: \_\_\_\_\_

(Please do not use Notary Public. Witness signature needs to be by someone who knows you personally.)

\*\*\*\*\*

Please furnish names, *complete* mailing addresses, and phone numbers of the following three types of personal references that have been acquainted with you (or both of you if there is a person listed as "b") a minimum of one (1) year. They will be asked for a confidential reference.\*

1. Relation: Family outside your home

Name \_\_\_\_\_ Phone \_( ) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Email \_\_\_\_\_

2. Relation: Neighbor or Friend

Name \_\_\_\_\_ Phone \_( ) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Email \_\_\_\_\_

3. Relation: Employer or Co-worker

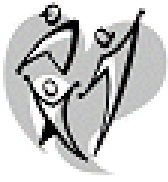
Name \_\_\_\_\_ Phone \_( ) \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Email \_\_\_\_\_

\*Please note: To ensure a quick turn around, please notify your reference that they will receive a letter from Kids 'n Kinship. After we have received all three of your references, we will contact you to do an interview in your home, including a tour of the home.

\*\*Please complete the attached Affidavit and fill out an attached Background Check form for each adult in the household.



# Kinship

Kids 'n Kinship

## AFFIDAVIT OF VOLUNTEER

STATE OF MINNESOTA, COUNTY OF DAKOTA

I \_\_\_\_\_ / \_\_\_\_\_ , as part of my application  
(Name A) (Name B)

**to be a Kinship volunteer, do solemnly state under oath:**

That I have no criminal record or misdemeanor record and have not been investigated, charged or convicted of any offense except  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ None unless specified.

That I am not chemically dependent on any substance including alcohol, illegal drugs or other drugs.  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ None unless specified.

That I have never been charged or convicted of any alcohol or drug related driving offense except:  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ None unless specified.

That I have never physically battered, abused, sexually assaulted or molested or mistreated any person.  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ None unless specified.

That I have no history of mental health problems or mental illness except  
(A) \_\_\_\_\_ (B) \_\_\_\_\_ None unless specified.

**Signatures Please provide 2 witness signatures for each Volunteer A and Volunteer B.**

Witness; \_\_\_\_\_ Signature (A) \_\_\_\_\_

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

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

Signature (B) \_\_\_\_\_

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

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

\* If you have anything in your history or background that you are concerned about possibly disqualifying you from being a mentor in our program, please contact us directly at 952-892-6368.

T52892-6368 Non-Profit  
2010

**BACKGROUND CHECK**

KIDS 'N KINSHIP 14870 GRANADA AVE, # 127  
APPLE VALLEY, MN. 55124 952-892-6368

Because the position for which you are applying will require you to provide recreation and care for children KIDS 'N KINSHIP will request the **Bureau of Criminal Apprehension** (BCA) to perform a background check on you under Minnesota Statutes Chapter 299c.62, Section 20.

Have you ever been convicted of any of the following crimes? (If yes, please attach a description of the crime and the particulars of the conviction.)

\_\_\_ **YES**                      \_\_\_ **NO**

**BACKGROUND CHECK CRIMES**

*Under Minnesota Statutes Chapter 229C*

- |                             |                                       |   |
|-----------------------------|---------------------------------------|---|
| ___ Murder                  | ___ Manslaughter                      | ___ Any of the following Child Abuse Crimes<br>committed against a Minor Victim, constituting a<br>violation of Minnesota Law |
| ___ Felony Level Assault    | ___ Prostitution Related Crime        |   |
| ___ Kidnapping              | ___ Any Assault Crime Against a Minor |   |
| ___ Criminal Sexual Conduct | ___ Arson                             |   |

*Statutes Sections:*

- |  |  |
|--|--|
| 609.185,(5) Murder in the 1st Degree                           | 609.352 Solicitation of Children to engage in Sexual Conduct |
| 609.221 Assault in the 1st Degree                              | 609.377 Malicious Punishment of a Child                      |
| 609.222 Assault in the 2nd Degree                              | 609.378 Neglect or Endangerment of a Child                   |
| 609.223 Assault in the 3rd Degree                              | 152.021, subd.1,(4) Controlled Substance Crime in 1st Degree |
| 609.224 Assault in the 4th Degree                              | 152.022, subd.1,(5) Controlled Substance Crime in 2nd Degree |
| 609.322 Solicitation, Inducement and Promotion of Prostitution | 152.022, subd.1,(6) Controlled Substance Crime in 2nd Degree |
| 609.323 Receiving Profit Derived from Prostitution             | 152.023, subd.1,(3) Controlled Substance Crime in 3rd Degree |
| 609.324 Other Prohibited act of Prostitution                   | 152.023, subd.1,(4) Controlled Substance Crime in 3rd Degree |
| 609.342 Criminal Sexual Conduct in the 1st Degree              | 152.023, subd.2,(6) Controlled Substance Crime in 3rd Degree |
| 609.343 Criminal Sexual Conduct in the 2nd Degree              | 152.023, subd.2,(4) Controlled Substance Crime in 3rd Degree |
| 609.344 Criminal Sexual Conduct in the 3rd Degree              | 152.024, subd.1,(4) Controlled Substance Crime in 4th Degree |
| 609.345 Criminal Sexual Conduct in the 4th Degree              | 152.024, subd.1,(4) Controlled Substance Crime in 4th Degree |

**As the subject of a Kids 'n Kinship background check your rights include:**

- \_\_\_ to be informed that Kids 'n Kinship will request this check for becoming or continuing as an employee or volunteer, and to determine whether you have been convicted of any of the above specified crimes, and
- \_\_\_ to be informed of the BCA's response and obtain a copy of the report from Kids 'n Kinship,
- \_\_\_ to obtain from the BCA any record that forms the basis for the report, and
- \_\_\_ to be informed whether Kids 'n Kinship has denied your application because of the BCA's response and not to be required directly or indirectly to pay the cost of the background check.

I understand that the information to be released is private and is controlled by the Minnesota Data Practices Act. I further understand that the purpose for which the above information is gathered by Kids 'n Kinship is to investigate and evaluate the suitability of potential volunteers with Kids 'n Kinship. This background check will be resubmitted periodically during my time as a Kinship volunteer.

<b>Signature</b>	<b>Date</b>	<b>Print Full Name</b>	<b>Maiden, Alias, or Former (print)</b>		
<b>Street Address</b>	<b>City</b>	<b>State &amp; Zip</b>	<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>