



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 jbkkinship@aol.com

Program use only:
Ref sent _____ Ref complete _____

VOLUNTEER APPLICATION

****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 _____

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 a child. Please use 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.

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 _____

Entering program as: Individual _____ Couple _____ Family _____

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.

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 _____

2. Relation: Neighbor or Friend
Name _____ Phone _() _____
Address _____ City & Zip _____

3. Relation: Employer or Co-worker
Name _____ Phone _() _____
Address _____ City & Zip _____

**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.



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AFFIDAVIT OF VOLUNTEER

STATE OF MINNESOTA, COUNTY OF DAKOTA

I _____ / _____ , as part of my application
(Volunteer A) (Volunteer 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.

Signature of Volunteer A Date

Witness;

Signature Date

Signature Date

Signature of Volunteer B Date

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Any of the following Child Abuse Crimes committed against a Minor Victim, constituting a violation of Minnesota Law |
| <input type="checkbox"/> Felony Level Assault | <input type="checkbox"/> Prostitution Related Crime | |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Any Assault Crime Against a Minor | |
| <input type="checkbox"/> Criminal Sexual Conduct | <input type="checkbox"/> 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.

Signature	Date	Print Full Name	Maiden, Alias, or Former (print)
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Street Address	City	State & Zip	Date of Birth	Sex	Race
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