



**Employment**

Current Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Can you be called at work? \_\_\_\_\_ Best time? \_\_\_\_\_

Length of time at this job: \_\_\_\_\_

Last Employer: \_\_\_\_\_

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

Reason for leaving? \_\_\_\_\_ Length of time at that job: \_\_\_\_\_

**Education** (Please fill in the name of the school & number of years completed.)

Elementary: \_\_\_\_\_

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

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

College: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Did you graduate: \_\_\_\_\_

**Military**

Time Served: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

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

**Volunteer Record**

List service clubs, fraternal organizations, and volunteer boards to which you belong:

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

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

**Health** (Please circle appropriate response.)

How would you describe your present health?

Poor                                      Fair                                      Good                                      Excellent

Any physical limitations or concerns? \_\_\_\_\_

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

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

Have you ever been diagnosed or received treatment for any of the following?

Psychiatric Illness: \_\_\_\_\_

Chemical Dependency: \_\_\_\_\_

Victim of Abuse: \_\_\_\_\_

**Transportation**

Do you have a valid drivers license? \_\_\_\_\_ State: \_\_\_\_\_ #: \_\_\_\_\_

Do you have your own vehicle? \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Do you have current vehicle insurance as required by state law? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Have you had any moving violations or accidents in the last 5 years? \_\_\_\_\_

Please describe: \_\_\_\_\_

**Personal Data**

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

Have you ever been arrested? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**References**

Please give names, complete mailing addresses, and phone numbers of **at least three** references.

1. Family member or relative (outside your home)

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

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

2. Employer or Co-Worker

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

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

3. Friend or Neighbor

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

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

4. Other (Teacher, Minister, School Counselor, etc.)

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

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

Please indicate area(s) of interest with Lakes Area Kinship:

Mentoring as a:    \_\_\_ Individual    \_\_\_ Couple    \_\_\_ Family

Helping with:    \_\_\_ Activities    \_\_\_ Office Work    \_\_\_ Fundraising

**Experience**

List your past experience with children or youth:

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

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Please expand on why you have interest in mentoring/volunteering with Kinship:

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I understand that Kinship reserves the right to use the information provided by myself, references, and public records to determine my involvement in the Kinship program. This information is confidential to the Kinship staff and screening committee. I understand that misrepresentation of personal information or history could result in termination or non-acceptance in the Kinship program.

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

## ACTIVITIES AND INTERESTS SURVEY

Please circle the activities you enjoy or would like to try.

Professional sports	Figure Skating	Cooking
College Sports	Cross Country Skiing	Painting
High School Sports	Sledding	Writing
Camping	Woodworking	Crafts
Football	Walking	Dancing
Baseball	Croquet	Circus
Basketball	Drawing	Animals
Track	Fishing	Snowmobiling
Badminton	Picnicking	Dolls
Soccer	Boating	Talking
Ping Pong	Canoeing	Art
Tennis	Water Skiing	Playing Cards
Volleyball	Model Building	Music
Bike Riding	Carving	Board Games
Roller Blading/Skating	Video Games	Collections
Bowling	Television	Horses
Pool	Movies	Gardening
Swimming	Museums	Hair/Makeup
Wrestling	Concerts	Auto Racing
Hockey	Reading	Other: _____
Golf	Singing	Other: _____

What are your favorite interests, hobbies and/or activities?

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Is there anything you dislike or cannot do?

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

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