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**Office Use Only**

- Database
- Background Checks Sent
- Background Checks Received
- References Sent
- References Received
- Training
- Interview
- Email
- Agenda

**VOLUNTEER MENTOR APPLICATION**

I/we wish to mentor as a  **Individual**  **Couple**  **Family**  
*If applying as a Couple or Family, separate application forms required of each*

Name: \_\_\_\_\_  
                        First    Middle    Last

\_\_\_\_\_  
Maiden Name (If Applicable)

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

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

I prefer monthly newsletters and reports to be:  Mailed to me  Emailed to me

Please list all other addresses for the past 5 years (if applicable):

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

List of additional adults residing in household:

Full Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Full Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Full Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**All adults residing in the household must sign and submit a Background Check Consent Form**

I learned about RW Kinship from \_\_\_\_\_

# Richland-Wilkin Kinship Volunteer Mentor Application

Marital Status: \_\_\_Married \_\_\_Single If Married, Spouse Name: \_\_\_\_\_

Do You Have Children? \_\_\_No \_\_\_Yes If Yes, How Many? \_\_\_\_\_ Age Range: \_\_\_\_\_

Are You A Student? \_\_\_\_\_ If Yes, will you be here during the next summer? \_\_\_\_\_

If Yes, Anticipated Completion of Schooling: \_\_\_\_\_

## Employment Information

Current Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we call you at work? \_\_\_Yes \_\_\_No

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

## References

*Please give name, relationship, phone number, and complete mailing address of three references.*

*Reference Forms are mailed to each of your listed references.*

### **Personal Friend (non-relative)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Employer or School Official**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Clergy or Co-Worker**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Education

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Post High School \_\_\_\_\_ Level Completed \_\_\_\_\_

Post High School \_\_\_\_\_ Level Completed \_\_\_\_\_

# Richland-Wilkin Kinship Volunteer Application

## Transportation

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

Do you have your own car? \_\_\_\_\_ If no, do you have regular access to use of a car? \_\_\_\_\_

*Information on your vehicle(s) - or the one that you utilize:*

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License # \_\_\_\_\_

Car belongs to (if not owned by you): \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Has your license ever been revoked? \_\_\_\_\_ If yes, reason: \_\_\_\_\_

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

If yes, please describe \_\_\_\_\_

## Volunteer Record

List any service clubs or fraternal organizations you have belonged to, and volunteer work you have done:

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## Personal Information

How would you describe your present health? (circle 1)    Poor    Fair    Good    Excellent

Are you a smoker? \_\_\_\_\_ Any physical limitations or concerns? \_\_\_\_\_

Have you been convicted of a crime? \_\_\_\_\_

Have you received treatment for:

Mental or physical health issues \_\_\_\_\_

Substance Abuse: \_\_\_\_\_

Physical/Sexual Abuse: \_\_\_\_\_

# Richland-Wilkin Kinship Volunteer Mentor Application

## The Mentoring Relationship

What do you feel you could contribute to a child? \_\_\_\_\_

\_\_\_\_\_

List your past experience with youth: \_\_\_\_\_

\_\_\_\_\_

Briefly state some of the learning experiences and activities that you would like to provide to a youth: \_\_\_\_\_

\_\_\_\_\_

Age preference:    5-8 years       8-12 years       12-15 years       15-17 years       Open to all ages

Gender (select by circling only if mentoring as a couple or as a family):    Male       Female  
No Preference

Youth personality (circle preference):    Extroverted (outgoing)    Introverted (shy)    No Preference

Check below the activities you enjoy and would like to share with a youth:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Animals        | <input type="checkbox"/> Arts/Crafts     | <input type="checkbox"/> Auto Mechanics       | <input type="checkbox"/> Auto Racing         |
| <input type="checkbox"/> Badminton      | <input type="checkbox"/> Baseball        | <input type="checkbox"/> Basketball           | <input type="checkbox"/> Bike Riding         |
| <input type="checkbox"/> Billiards      | <input type="checkbox"/> Board Games     | <input type="checkbox"/> Boating              | <input type="checkbox"/> Bowling             |
| <input type="checkbox"/> Camping        | <input type="checkbox"/> Canoeing        | <input type="checkbox"/> Card Games           | <input type="checkbox"/> Carving             |
| <input type="checkbox"/> Circus         | <input type="checkbox"/> Collections     | <input type="checkbox"/> College Sports       | <input type="checkbox"/> Concerts            |
| <input type="checkbox"/> Cooking        | <input type="checkbox"/> Croquet         | <input type="checkbox"/> Cross Country Skiing | <input type="checkbox"/> Dancing             |
| <input type="checkbox"/> Dolls          | <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Drawing              | <input type="checkbox"/> Fairs               |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Fishing         | <input type="checkbox"/> Football             | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> Golf           | <input type="checkbox"/> Gymnastics      | <input type="checkbox"/> Hair/Makeup          | <input type="checkbox"/> High School Sports  |
| <input type="checkbox"/> Hockey         | <input type="checkbox"/> Horses          | <input type="checkbox"/> Ice Fishing          | <input type="checkbox"/> Model Building      |
| <input type="checkbox"/> Movies         | <input type="checkbox"/> Museums         | <input type="checkbox"/> Music                | <input type="checkbox"/> Painting            |
| <input type="checkbox"/> Photography    | <input type="checkbox"/> Picnicking      | <input type="checkbox"/> Ping Pong            | <input type="checkbox"/> Professional Sports |
| <input type="checkbox"/> Reading        | <input type="checkbox"/> Roller Skating  | <input type="checkbox"/> Singing              | <input type="checkbox"/> Sledding            |
| <input type="checkbox"/> Snowmobiling   | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Softball             | <input type="checkbox"/> Stamping/Cards      |
| <input type="checkbox"/> Swimming       | <input type="checkbox"/> Talking         | <input type="checkbox"/> Television           | <input type="checkbox"/> Tennis              |
| <input type="checkbox"/> Track          | <input type="checkbox"/> Video Games     | <input type="checkbox"/> Volleyball           | <input type="checkbox"/> Walking             |
| <input type="checkbox"/> Water Skiing   | <input type="checkbox"/> Woodworking     | <input type="checkbox"/> Wrestling            | <input type="checkbox"/> Writing             |

Others: \_\_\_\_\_

# Richland-Wilkin Kinship Volunteer Application

## Application & Matching Process

We are pleased and thankful that you are interested in becoming a volunteer in the Kinship program. We hope that the following information will help answer any questions you may have about the application and matching process. If you have further questions about the process, please feel free to contact the Kinship Director or a board member.

1. Complete the attached application form, including the Authorization for Collection and Release of Confidential Information form.
2. Background check consent forms will be mailed to you. RW Kinship performs background checks on all volunteers and staff including state background checks, and national background checks including address/social security verification. RW Kinship will mail to you the appropriate state consent form and all consent forms applicable to the national background checks.
3. Reference forms will be sent to the personal references you have listed on your application form.
4. You will be contacted to make arrangements for a mentor training session lasting approximately 90 minutes. Training sessions will be offered in group formats when available, and will be offered on an individual basis if group sessions are not available or do not fit your schedule. Before, during, or after the training session a brief interview will be completed to assist in the matching process.
5. You will be contacted with information on one or more youth available for a prospective match. Once a prospective match is identified a meeting will be schedule with you, the youth, and the youth's family/guardian. Both parties will have the opportunity to accept or decline the match.
6. Once a match is confirmed you will be expected to spend, on average, one hour per week or two hours every two weeks with the youth. The schedule for meetings is arranged at the convenience of both parties. In addition, RW Kinship sponsors monthly activities to support the match (kids are welcome at activities whether matched or un-matched, with or without their mentor present).
7. You will be given monthly report forms to complete and send-in or email. The director will contact you as needed to see how the match is going. You are encouraged to contact the director at any time, particularly if difficulties with your match arise.

# Richland-Wilkin Kinship Volunteer Mentor Application

## Authorization for Collection and Release Of Confidential Information

I certify that all information on my application form is true and accurate. I understand that any misrepresentation or omission of personal information or history may result in non-acceptance or termination from the Richland-Wilkin Kinship program. **I also agree to notify RW Kinship of any changes in information from that which is submitted on my application form.**

I understand that any final decision about whether I am an appropriate volunteer for a specific child rests with the Kinship Director and the parent/guardian of that child. Acceptance into the program is not a guarantee that a match can or will be made. Any information obtained through this application process and deemed, by the Richland-Wilkin Kinship staff, to be relevant to my appropriateness as a volunteer for a particular child, may be communicated to the parent(s)/guardian(s) of that child.

I understand that Richland-Wilkin Kinship will contact references listed on this application and authorize anyone contacted by Richland-Wilkin Kinship to release any information they have about me.

Richland-Wilkin Kinship is hereby authorized to contact current and/or former employers, family members, government agencies (including local/county/state/federal levels) and any contracted background check service they employ and authorize those agencies and services to release to Richland-Wilkin Kinship any information collected about me.

I understand and agree that any adults sharing residence with me will be required to sign the appropriate background check consent forms that are sent to me by Richland-Wilkin Kinship, with the knowledge that background checks will be performed for any individual(s) so named, in order for my application to be accepted.

This form takes effect from the date of the signature, and remains in effect until such time as I am no longer considered to be a candidate or volunteer mentor of Richland-Wilkin Kinship.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_

Witnessed by: \_\_\_\_\_  
(print name)

Witness signature: \_\_\_\_\_