



509 ½ Dakota Ave, Ste 104 Wahpeton, ND 58075 www.rwkinship.org 701-672-0303
Rebekah Christensen rwkinship@702com.net
& Marie Miller miller.rwkinship@gmail.com

Dear Parent(s),

We understand that you are interested in learning more about the Kinship Program with the possibility of having your child participate in the program.

We'd like to tell you more about it. First of all, the program is very similar to a Big Brother/Big Sister Program where an adult is matched with a child based on their common interests and needs. Any child age 5-16 that would benefit from extra adult support is welcome to participate. The adult who is matched with a child is expected to provide an average of one hour a week or 4 hours per month of companionship to the child for a commitment of one year.

If you wish to have your child participate in the Kinship Program, please complete the enclosed forms. After a careful and thorough selection process of identifying volunteers, we then make a match between your child and a compatible adult based on the information you provided. You and your child will get to meet the adult before the match is made. We then communicate regularly with everyone involved to ensure things are going well.

We must caution you that we cannot guarantee an immediate match with your child since making compatible matches depends on the number of volunteers there are. Unfortunately, there are usually more children on our waiting list than there are adults, but we are working hard to recruit volunteers.

If you have any questions, please contact us at the number listed on the forms. Please fill out the enclosed forms and return to the above address.

Regards,

Rebekah Christensen and Marie Miller, Directors

**Richland-Wilkin Kinship
YOUTH APPLICATION**

Office Use Only	
<input type="checkbox"/> Acceptance Letter	<input type="checkbox"/> Database
<input type="checkbox"/> Sendout Cards	
<input type="checkbox"/> Medical Release for Activities Folder	
<input type="checkbox"/> Email	<input type="checkbox"/> Agenda

Today's Date ____/____/____

Gender (circle) Boy / Girl

Youth Name _____ Birth Date ____/____/____ Age _____

Youth Email _____ Youth Phone (____) _____ - _____

*We would like a photo of your child if you have one. (Not necessary for application)

School _____ Current Grade _____

(Next fall if applying in summer)

Current Needs or Challenges _____

Brothers and/or Sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Mother's Name _____ Phone (____) _____ - _____

E-mail _____

Street Address _____ City _____ State _____

Employer(s) _____ Phone (____) _____ - _____

Father's Name _____ Phone (____) _____ - _____

Address (if different) _____ City _____ State _____

Employer(s) _____ Phone (____) _____ - _____

1. Please check: Are you Married _____ Divorced _____ (how long) _____
Separated _____ Widowed _____ Other _____

2. If you are a single parent:

(a) Are you the custodial Parent? Yes No

(b) Is the child's other parent in the area? Yes No

(c) Does the child see his/her other parent? Yes No

If so, how often? _____

(d) Has the other parent been notified of your child's participation in the Kinship program? _____
(e) Do you anticipate any objection by the other parent to your child joining Kinship? _____

3. How did you learn about Kinship? _____
4. Were you referred by an individual? _____ If so, who? _____
5. How do you think your child would benefit from having a mentor? _____

6. If your child is in counseling/treatment please tell us a little about the goal of the treatment program for your child:
7. What are special needs or interests that a volunteer can help your child with?
8. Are there any issues at home, school, etc. that we should be aware of?
9. Describe your child: (example: quiet, shy, active, etc.)

Household Income

*This information is frequently required on grant applications necessary for Kinship's existence. Aside from the development of group statistics, this information will **not** be shared with **any person, company, or organization**.*

Total, pre-tax household income (please check appropriate level):		
___ Under \$10,000	_ \$10,000-\$14,999	___ \$15,000-19,999
___ \$20,000-\$24,999	___ \$25,000-\$29,999	___ \$30,000 or Over

Kinship is a mentoring program for youth who would benefit from additional adult support. It is not to be used as a babysitting service. With your cooperation and everyone working together, this mentoring program can be a rewarding experience for your child.

I UNDERSTAND THE NATURE OF THE KINSHIP PROGRAM AND PLEDGE MY SUPPORT IN HELPING THE FRIENDSHIP GROW. I AGREE TO ALLOW MY CHILD TO PARTICIPATE.

PARENT'S SIGNATURE _____ Date ____/____/____

YOUTH ACTIVITIES AND INTERESTS

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

- | | | | |
|---|--|---|---|
| <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 Sports | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hair/Makeup | <input type="checkbox"/> High School |
| <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 Sport |
| <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 |

Other(s)

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?



509 ½ Dakota Ave, Ste 104 Wahpeton, ND 58075 www.rwkinship.org 701-672-0303
Rebekah Christensen rwkinship@702com.net & Marie Miller miller.rwkinship@gmail.com

IMAGE RELEASE FORM

I, the undersigned, do hereby grant or deny permission to Richland-Wilkin Kinship to use the image of my child,

_____, as noted by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Richland-Wilkin Kinship website and/or Facebook page. I understand that I have the right to revoke this permission at any time by doing so in writing, but that my revocation will only apply to the future use of images involving my child, that all publications previously produced at the time of my revocation will continue to be used until they are gone.

I, the undersigned (check one):

Grant full permission for the unrestricted use of my child's image.

Deny permission for the use of my child's image.

Wish to receive more information regarding limited use options for my child's image.

Parent/Guardian Name (please print): _____

Signature _____ Date _____



509 ½ Dakota Ave, Ste 104 Wahpeton, ND 58075 www.rwkinship.org 701-672-0303
Rebekah Christensen rwkinship@702com.net & Marie Miller miller.rwkinship@gmail.com

MEDICAL RELEASE FORM

I hereby authorize _____, a mentor for Richland Wilkin Kinship, to secure emergency medical attention for my son/daughter

_____, in the event I cannot be contacted.

Our local Doctor: _____ Phone: _____

Address _____ has my permission to release any records that may be needed to treat my son/daughter in an emergency.

For emergency purposes, I can be reached at Home Phone: _____

Work Phone: _____ Cell #: _____

Emergency Contact: _____ Phone: _____

Allergies: _____

Drugs which my child should not be administered are:

Phobias (fears, etc.) _____

Any other pertinent medical information, i.e current medications my son/daughter is taking:

If on Medical Assistance/Insurance/HMO, please give number to used

Signature

Date