



Pro Kinship for Kids

1400 S. State Street

P.O. Box 666

New Ulm, MN 56073

507-359-2445 or 1-800-642-5779

E-mail: kinship@newulmtel.net

Dear Prospective Mentor,

Thank you for your interest in being a mentor with Pro Kinship for Kids. I have enclosed the application you need to complete first in the process of becoming a mentor. Please note that the Criminal Background Check you are consenting to in the application needs to have your signature notarized as you sign it. You can get this done most of the time at your local bank for free. If you have a problem locating a notary, I can help you with that piece. When you have completed the application you can mail it back in the envelope enclosed, or drop it off at our office. I will then be in contact with you to set up a meeting to discuss more about Pro Kinship for Kids and our mentoring program.

If you have any questions for me as you think about being a mentor, when you are filling out the application, or later, please feel free to contact me any time.

Thank you again for your interest in mentoring our youth in Brown County.

Sincerely,

Kari Beran
Pro Kinship for Kids Director



PRO KINSHIP FOR KIDS

AN INTRODUCTION TO MENTORING

WHAT IS THE MAIN PURPOSE OF PRO KINSHIP FOR KIDS MENTORS?

The main goal of PRO Kinship Mentors is to help a young person who has a void in their life due to:

- Loss of a parent for one reason or another
- Inadequate self-esteem
- Inadequate socialization skills

The most important goal for us is to match the youth with an adult in an effort to develop a relationship of caring, acceptance and trust. The adult is to be a friend to the child and in that framework to encourage the child to develop into the best person he/she can become. The volunteer will spend time doing whatever interests both the adult and youth. It is hoped that good citizenship, fair play, honesty, ability to communicate acceptably, and growth as an individual will be fostered by this relationship. Our volunteers are not trained counselors or therapists, therefore some children with specific issues may not be able to be matched. Also, if situations arise that the child or the adult does not feel comfortable with, the relationship may be terminated.

Pro Kinship for Kids matches can be either a single adult, a couple with no children at home, or a family. On the child's application, the parent selects which types of matches are acceptable for the child, and PRO Kinship will proceed accordingly.

HOW DO I GET TO BE A PRO KINSHIP FOR KIDS MENTOR?

Potential Kinship volunteers begin by filling out an application form. On it, you will be asked several questions, such as your interests and hobbies, and why you would like to become a Kinship mentor. This form will enable us to select a youth who will be closely suited to you in his interests and in the age group you desire. Following your application and background check will be several interviews to help us in the matching process. Some of the reasons for immediate rejection into our program may be if you have a felony conviction, arrest or conviction of sexual misconduct, substantiated child abuse, a DWI in the last 5 years, and/or any false information given on the application. Final approval will be made by our screening committee.

The final decision as to whether you want a particular young person for your Pro-Kinship Partner rests with you.

HOW DO I MEET MY CHILD?

The first meeting will take place with the following people:
the child, his/her parent(s), the Pro Kinship for Kids mentor(s), and the PRO Kinship Director.
The first meeting can be at the PRO KINSHIP office or at the child's home.

IS PRO KINSHIP FOR KIDS CONNECTED TO THE NATIONAL BIG BROTHERS /BIG SISTERS ORGANIZATION?

No, although we are similar in goals, we have not affiliated ourselves with the Big Brothers of America. We have become part of the Kinship Affiliate which is a smaller nonprofit organization which believes in and promotes the concept of mentoring. Kinship allows o keep our local identity, but broadens our resources.

HOW MUCH TIME MUST I SPEND WITH MY CHILD?

We ask that you spend approximately 4-6 hours each month together, with a minimum of 2 visits per month. Any additional time is up to you and your child. We stress one point: **please be consistent; contacts should be made regularly.** You will find that as the relationship progresses, it will be easier to approach the child and she/he will have a better understanding of your own situation with regard to how much time you have available for her/him.

HOW LONG DOES THIS RELATIONSHIP LAST?

Theoretically, this can be a lifetime friendship. This is something you will have to decide for yourself. **We prefer a minimum commitment of six months to one year.** We are working with children who have experienced abandonment in many forms, so we need to provide them with a consistent, reliable relationship.

However, we especially request that any time you feel that the relationship between you and your partner is not working out, you will please call to let us know. We do not expect 100% success, but it is vital that we are informed of a relationship that may be disheartening for you or your child. We will not judge anyone because of a match that did not work out. Your choice to become a Kinship mentor must be your own and if you feel that you would like to try a new child or to leave the organization, you may do so.

AM I LEGALLY RESPONSIBLE IN CASE OF AN ACCIDENT INVOLVING THE CHILD?

On each application submitted by the child, there is a clause that must be signed by the parent that protects the PRO KINSHIP mentor legally in case of an accident, unless such an accident was caused by gross negligence on the part of the mentor. In a case involving gross negligence, there is nothing that can be put in writing to protect anyone.

In addition, PRO Kinship for Kids volunteers and children are covered by PRO Kinship insurance for accidental injury.

PRO Kinship for Kids improves lives by establishing quality relationships between individuals and caring volunteers for the purpose of promoting stability, support, friendship, and community.

Pro Kinship for Kids ▪ 1400 S. State Street, P.O. Box 666 ▪ New Ulm, MN•56073
507-359-2445 or 1-800-642-5779
Website: www.prokinship.org



RETURN TO: Kari Beran, Director
Pro Kinship for Kids
1400 S. State Street
P.O. Box 666
New Ulm, MN 56073
Phone: 359-2445 or 1-800-642-5779
E-mail: kinship@newulmtel.net
Website: www.prokinship.org

KINSHIP FOR KIDS APPLICATION FORM

Full name _____ County of residence _____
 First Middle Last

Address _____ City _____ Home Phone _____

Email _____

Significant Other's Name _____

Name of employer: _____ Work Phone _____

Employer's address _____

Best times to contact you _____

How long do you plan to commit to this program? _____ one year _____ 6 months

Roughly estimated, how many hours per month do you plan to spend with your youth partner? _____

What age group would you be interested in considering?

6-9 years _____ 10-12 years _____ 13 or higher _____ Any age _____

Why?

REFERENCES

Please list three personal references that we may contact who have known you for at least one year and may have observed you interacting or working with children. (Volunteer, supervisor, employer, friend)

	NAME	ADDRESS	PHONE	RELATIONSHIP
1.				
2.				
3.				

RESPONSIBILITIES OF A KINSHIP MENTOR

1. Stay with the program for a minimum of one year. *Shorter time periods may be acceptable.*
2. Arrange to meet with your child a minimum of 2 times each month for 2-3 hours.
Calling or writing in the weeks you can't meet is recommended.
3. Attend mentor meetings when they are called.
4. Maintain monthly contact reports.
5. Contact the director or coordinator immediately if difficulties arise.

VEHICLE INFORMATION AND AUTO INSURANCE

I understand that if I am accepted as a Kinship mentor, I will be transporting a youth or others in my car. I agree that I will maintain liability and no fault insurance on my vehicle pursuant to the statutory requirements of the State of Minnesota. Please provide the following information.

Do you have a valid Minnesota driver's license?

If not, state of valid license you do hold?

Driver's license number _____

Color, year, make and model of vehicle.

License plate # _____

Insurance Company:

Policy #

Agent's Name and address:

Agent's Phone #

In making this application to be a PRO Kinship for Kids mentor, I understand that PRO Kinship for Kids routinely does **criminal records and driving record checks** of all volunteers for the PRO mentors position for which I am applying. This is a requirement for all who participate in this program. You will be asked to sign a form to be sent to the state BCA office or our local Probation Department for this check.

**PRO Kinship for Kids
Mentor APPLICATION**

1. How did you hear about our mentor program?

2. Why do you want to become a mentor to a child?

3. Summarize your skills, qualifications and experiences which you feel would be beneficial to our program.

4. List your major interests, hobbies and recreational activities.

5. In what activities (church, community, etc.) do you participate or have you participated?
Include previous volunteer experience.

6. Are you under treatment for any medical problem that would be a concern in this relationship?

Any major illnesses in the past five years?

7. What child behaviors would you not be able to tolerate? How would you deal with these if they occurred?
8. Whose rules of behavior should you follow?
9. Have you ever been convicted of a felony? Your significant other? If so, please explain.
10. Are you currently on probation for any offense? What county? If so, please explain.
11. In general, what does confidentiality mean? How important is it in this type of relationship?
12. How would you deal with inquiries from schools, family court, caseworkers, parents or others about your child?

We welcome additional comments from you that will help us know you better as an individual.

I certify to the best of my ability that the information provided on this application is true and accurate.

Signature _____

Date _____

Kinship Adult INTEREST SHEET

Name _____

Please mark the activities that you enjoy doing and any that you would like to do. You will not necessarily get to do all the things you mark, but it will help us plan activities that you might enjoy.

- | | | |
|--|--|---|
| <input type="checkbox"/> tennis
<input type="checkbox"/> badminton
<input type="checkbox"/> bike riding
<input type="checkbox"/> billiards/pool
<input type="checkbox"/> Ping-Pong

<input type="checkbox"/> roller skating
<input type="checkbox"/> handyman activities
<input type="checkbox"/> electronics
<input type="checkbox"/> rock collecting
<input type="checkbox"/> astronomy
<input type="checkbox"/> Frisbee

<input type="checkbox"/> camping
<input type="checkbox"/> attending plays
<input type="checkbox"/> eating out
<input type="checkbox"/> knitting
<input type="checkbox"/> computer

<input type="checkbox"/> fishing
<input type="checkbox"/> hunting
<input type="checkbox"/> bowling
<input type="checkbox"/> hiking
<input type="checkbox"/> weight-lifting

<input type="checkbox"/> foosball
<input type="checkbox"/> hockey
<input type="checkbox"/> Ice skating
<input type="checkbox"/> softball
<input type="checkbox"/> soccer

<input type="checkbox"/> visit airport
<input type="checkbox"/> watch TV
<input type="checkbox"/> riding in a car
<input type="checkbox"/> popping popcorn
<input type="checkbox"/> going to library

<input type="checkbox"/> doing puzzles
<input type="checkbox"/> having a pet
(what kind) _____
<input type="checkbox"/> visit rodeo | <input type="checkbox"/> CB radio
<input type="checkbox"/> sewing
<input type="checkbox"/> reading
<input type="checkbox"/> drawing/painting
<input type="checkbox"/> photography

<input type="checkbox"/> woodworking
<input type="checkbox"/> cooking
<input type="checkbox"/> fixing cars
<input type="checkbox"/> building models
<input type="checkbox"/> writing stories
<input type="checkbox"/> writing poetry

<input type="checkbox"/> card playing
<input type="checkbox"/> singing
<input type="checkbox"/> stamp collecting
<input type="checkbox"/> archery
<input type="checkbox"/> golf (regular or miniature)

<input type="checkbox"/> dancing
<input type="checkbox"/> playing an instrument
(which one) _____
<input type="checkbox"/> acting/drama
<input type="checkbox"/> puppet shows

<input type="checkbox"/> tropical fish
<input type="checkbox"/> collecting things
(what) _____
<input type="checkbox"/> learning a foreign language
(which one) _____

<input type="checkbox"/> crocheting
<input type="checkbox"/> embroidery/cross-stitch
<input type="checkbox"/> fixing things
<input type="checkbox"/> keep scrapbook
<input type="checkbox"/> fixing hair

<input type="checkbox"/> shopping
<input type="checkbox"/> build a fort
<input type="checkbox"/> going to Valley Fair
<input type="checkbox"/> visit circus | <input type="checkbox"/> gardening
<input type="checkbox"/> video games
<input type="checkbox"/> flying kites
<input type="checkbox"/> playing chess
<input type="checkbox"/> table games (like Monopoly
or Pictionary)
<input type="checkbox"/> playing checkers
<input type="checkbox"/> football
<input type="checkbox"/> baseball
<input type="checkbox"/> basketball
<input type="checkbox"/> volleyball
<input type="checkbox"/> walleyball

<input type="checkbox"/> racquetball
<input type="checkbox"/> wrestling
<input type="checkbox"/> swimming
<input type="checkbox"/> visit a museum
<input type="checkbox"/> going to movies

<input type="checkbox"/> listening to music
<input type="checkbox"/> going to church
<input type="checkbox"/> cookouts
<input type="checkbox"/> attend concerts
<input type="checkbox"/> visit friends and relatives

<input type="checkbox"/> hayride
<input type="checkbox"/> visit a farm
<input type="checkbox"/> going to a park
<input type="checkbox"/> visit a zoo
<input type="checkbox"/> going to the fair

<input type="checkbox"/> boating
<input type="checkbox"/> auto racing
<input type="checkbox"/> sledding
<input type="checkbox"/> running/jogging
<input type="checkbox"/> canoeing

<input type="checkbox"/> picnics
<input type="checkbox"/> snowball fights
<input type="checkbox"/> riding on bus
OTHERS (write in

_____ |
|--|--|---|

AUTHORIZATION FOR RELEASE OF INFORMATION

“NON-PROFIT ORGANIZATION”

Account #**T073592445**

To: Minnesota Bureau of Criminal Apprehension
Criminal Justice Information Systems - Records
1430 Maryland Avenue E
St. Paul, MN 55106
Phone: 651-793-2400

From: Pro Kinship for Kids
1400 S. State Street
P.O. Box 666
New Ulm, MN 56073
Phone: 507-359-2445

*Full Name of Applicant _____
(Please print) Last First Middle

*Maiden, or former name _____
(Please print) Last First Middle

*Date of Birth _____ Sex (M or F) _____
Month Day Year

Social Security Number _____ Drivers License Number _____

Length of Residency in Minnesota _____ if under 5 years, former state _____

I hereby authorize the Bureau of Criminal Apprehension to release the information identified in connection with the evaluation of my application as a volunteer with Pro Kinship for Kids of New Ulm, MN. The information to be released includes: a driving record check, criminal history, arrests, criminal charges or convictions.

1. I understand the information to be released, the purpose and use of the released information, and any known consequences of this release. The information to be released is private and any subsequent use and release is controlled by the Minnesota Data Practices Act. (MN Statute. Chap. 13).
2. I understand that I have the right to refuse to release this information., If I refuse to release this information, it will not be possible for this office to process this application.
3. I understand that I may withdraw this consent upon written notice (not retroactive) and that consent will automatically expire within 1 year after the date of my signature.

I further authorize to provide Pro Kinship for Kids with photocopies of any of the above information kept by you regarding me. I ask that you cooperate with them fully in disclosing to them all such information that is in your possession., The undersigned person recognizes that the purpose for which the above described information may be used by suitability of the undersigned to become a volunteer or staff member with Pro Kinship for Kids. I will allow yearly checks as long as I am a volunteer for Pro Kinship for Kids.

Signature _____

Date _____

Subscribed and sworn to before me on this
_____ day of _____ 20__.

(Notary Public)