

How you describe your child's personality and temperament:

Circle any you feel apply:

Cooperative Energetic Shy Outgoing Follower Nervous Quiet
Talkative Friendly Confident Leader Aggressive Athletic

How do you think a Kinship volunteer could help your child?

Does your child have any special problems (health problems, allergies, learning disabilities, behavior disorders) a volunteer should be aware of?

What are some of your child's special interests or favorite activities?

Is the child's non-custodial parent living in the area? Yes No
Does he or she visit the child? Yes No
How often? _____

Would this parent have any objections to your child's participation in Kinship?

Do you anticipate any major life changes within the next year? (Personal, vocational or residential)

I give my permission for my child to participate in the Kinship program. I also give my permission and consent for Kinship of _____ to contact my child's school and any other community professionals (health and social service agencies) who may be involved with our family for the purpose of determining my child's eligibility and appropriateness for the Kinship program. This information may also be used to help in selecting an appropriate volunteer for my child.

Child's Name: _____

Parent/Guardian Name: _____

Date: _____

ACTIVITIES AND INTERESTS SURVEY

(Attach to volunteer and child application forms)

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

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

What are your favorite/special interests or activities?

Is there anything that you dislike or cannot do?

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

Name: _____ Date: _____

For Child to fill out:
(Parent/Guardian may help very young child)

Why do you want to be in Kinship?

Circle the words you think describe you best:

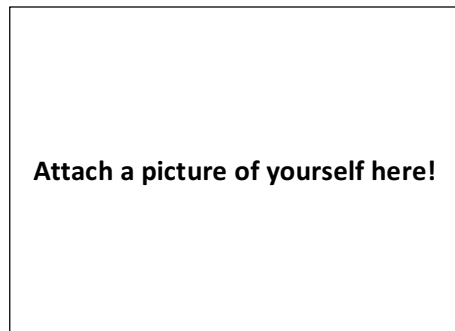
Happy Active Quiet Shy Athletic Friendly
Sad Smart Dumb Talkative Fun-loving Artistic

Other:

What are your favorite subjects in school?

What kinds of things would you most like to do with a Kinship volunteer?

Please sign your name here: _____



**KINSHIP OF THE PERHAM AREA
MEDICAL RELEASE
and
LIABILITY WAIVER FORM**

Child(ren) Name: _____

Contact in Case of Emergency:

Name: _____ Work Phone: _____

Relationship to Child: _____ Home Phone: _____

Family Doctor: _____ Phone: _____

Clinic Name: _____

Allergies my Child has: _____

Phobias/Fears my Child has: _____

Prescription medication my Child is taking:

Prescription: _____ Purpose: _____

Prescription: _____ Purpose: _____

Prescription: _____ Purpose: _____

Medical Insurance Information:

Insurance Company: _____ Policy #: _____

Is/Are the Child(ren) restricted from any activities due to a medical condition: Yes No

If so, please explain: _____

I understand that Kinship of the Perham Area does not provide health insurance for children who are participating in activities scheduled by Kinship, or when the children spend time with their mentors. I understand that I am responsible for all health costs incurred by my child during or as a result of the above program. I also agree that if emergency medical treatment is necessary while my child(ren) are at a Kinship activity or with their mentor the Kinship staff member or volunteer/mentor may authorize a physician or medical staff to provide treatment as deemed necessary for my child's well-being.

I, the undersigned, waive release and discharge all claims for liability for any injuries or damages on the part of the program organizers/mentors/volunteers or any individual acting in an official or advisory capacity of Kinship of the Perham Area.

Signature of parent/guardian

Date

KINSHIP PHOTO/MEDIA RELEASE

I, _____, give permission to Kinship of the Perham Area to use a photograph or take photographs at Kinship events of my child, _____ for the purpose of recruiting Kinship volunteers or publicity/promotion purposes. I understand this photograph may be displayed along with his or her first name and a brief biography including age, interest and family information. The photo and biography may be placed in a portfolio, which includes all children on the waiting list. The portfolio may be used at public speaking engagements, service club meetings, or other small group settings where people gather to find out more about volunteering with Kinship. I also understand that photos taken at Kinship sponsored events may be used for publication in local newspaper, magazine, or posters and my child will be identified by first name only.

Child(ren) Name(s): _____

Parent/Guardian Signature: _____

Date: _____

_____ I have a specific reason for denying Kinship use of my child's photo and I would like to discuss this with a Kinship staff person.