



Mentor Application

P.O. Box 291
Rice Lake, WI 54868
info@ricelakekinship.com
715-234-1995

Date: _____

Name: _____
 First Middle Last

Address: _____
 Street City/State Zip

Date of Birth: _____ Age: _____ Place of Birth: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

How long have you lived at this address? _____ If less than 10 years, please list addresses you have lived at in the last 10 years other than your present address: (use additional sheet if necessary)

Street City/State Zip

Street City/State Zip

EMPLOYMENT:

Current employer: _____

Address: _____

Phone: _____ Can you be called at work? _____ Best time: _____

Position: _____ Length of time at this job: _____

Last Employer: _____

Address: _____

Phone: _____ Length of time at that job: _____

Reason for leaving: _____

MILITARY SERVICE:

Time Served _____ Branch _____ Rank _____

Date and Kind of Discharge _____

FAMILY STATUS:

Please circle the appropriate response:

Single Married Divorced Separated Cohabiting Widowed

Spouse or Significant Other's Name: _____

Number of years married/together: _____ Number of children _____

Please list name, age, and gender of each child: _____

How many of these children are currently living with you in your home? _____

EDUCATIONAL RECORD:

Please fill in the school and number of years completed:

Elementary: _____

High School: _____

Graduation Date: _____

College: _____

Major: _____ Graduation Year: _____

Graduate School: _____

Major: _____ Graduation Year: _____

VOLUNTEER RECORD:

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

List your past experience with children or youth:

PERSONAL DATA:

Do you have current vehicle registration and insurance as required by State law? _____

Name of Insurance Company _____

Policy # _____

Do you have homeowner/renters insurance? _____

Are you affiliated with a church? _____ If yes, name of church _____

How did you hear about Kinship? _____

Have you ever applied with Kinship before? _____ If yes, what year? _____

Why are you interested in Kinship? _____

How much time do you feel you could contribute to Kinship per week? _____

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

REFERENCES:

Please give **complete** names, mailing addresses, and phone numbers of at least three *non-related* references (such as employer, co-worker, friend, neighbor, teacher, clergy):

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

ACTIVITIES AND INTERESTS SURVEY:

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

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Acting/Drama | <input type="checkbox"/> Animal Tending | <input type="checkbox"/> Animals | <input type="checkbox"/> Art fair |
| <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"/> Beading | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Camping | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Card Making |
| <input type="checkbox"/> Carving | <input type="checkbox"/> Circus | <input type="checkbox"/> Collections – what? | <input type="checkbox"/> College sports |
| <input type="checkbox"/> Comic Books | <input type="checkbox"/> Computers | <input type="checkbox"/> Concerts | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Croquet | <input type="checkbox"/> Cross-country skiing | <input type="checkbox"/> Curling |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Dolls | <input type="checkbox"/> Down-hill Skiing | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Figure Skating | <input type="checkbox"/> Fishing | <input type="checkbox"/> Football | <input type="checkbox"/> Four Wheeling |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Golf | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Hair/Makeup |
| <input type="checkbox"/> Handball | <input type="checkbox"/> High school sports | <input type="checkbox"/> Hiking | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Horses | <input type="checkbox"/> Hunting | <input type="checkbox"/> Indoor Games | <input type="checkbox"/> Model Building |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Museums | <input type="checkbox"/> Music | <input type="checkbox"/> Musical Instrument |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Painting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Picnicking | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Playing Cards | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Professional sports | <input type="checkbox"/> Quilting | <input type="checkbox"/> Reading | <input type="checkbox"/> Rock Collecting |
| <input type="checkbox"/> Roller Skating | <input type="checkbox"/> Scrapbooking | <input type="checkbox"/> Singing | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Snowmobiling | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> State Fair | <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 | <input type="checkbox"/> YMCA | |

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 or try? _____

Signature: _____ Date: _____