



Kinship

Litchfield Area Mentorship Program  
(LAMP-Kinship)

Lori Teicher, Coordinator  
PO Box 82  
Litchfield, MN 55355  
Phone: (320) 699-1616  
Email: lori@lampkinship.org

## Mentor Application

1. Name \_\_\_\_\_  
                    First                    Middle or Maiden                    Last  
(If you've had more than one last name please list all previous names on Separate sheet of paper)

2. Address \_\_\_\_\_  
                    Street                    City/State                    Zip                    County

3. Date of Birth \_\_\_\_\_ AGE \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email: \_\_\_\_\_

5. How long have you lived at this address? \_\_\_\_\_ 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

\_\_\_\_\_  
Street                    City                    State

\* Please list other states and counties that you have resided in.\*

\_\_\_\_\_  
State                    County                    State                    County

6. FAMILY STATUS: (please circle appropriate response)  
Single      Married      Divorced      Separated      Cohabiting  
Spouse's or Significant Other's Name \_\_\_\_\_  
Number of years married \_\_\_\_\_ 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? \_\_\_\_\_

7. EMPLOYMENT:  
Current employer \_\_\_\_\_  
Address \_\_\_\_\_  
Your position \_\_\_\_\_ Work phone \_\_\_\_\_  
Can you be called at work? \_\_\_\_\_ Best time \_\_\_\_\_



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Length of time at this job \_\_\_\_\_ Last employer \_\_\_\_\_  
Address \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Length of time at that job \_\_\_\_\_

8. EDUCATIONAL RECORD (please fill in the school and number of years completed)  
Elementary \_\_\_\_\_  
High School \_\_\_\_\_  
Technical College \_\_\_\_\_  
College \_\_\_\_\_  
College or Vocational Major \_\_\_\_\_  
Did you graduate? \_\_\_\_\_

9. MILITARY SERVICE:  
Time served \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_  
Date and Kind of Discharge \_\_\_\_\_

10. VOLUNTEER RECORD:  
List service clubs, fraternal organizations, and volunteer boards to which you belong.  
\_\_\_\_\_  
\_\_\_\_\_

Are you affiliated with a church? \_\_\_\_\_ If yes, name of church \_\_\_\_\_  
List your past experience with children or youth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. HEALTH: How your you describe your present health?  
Poor Fair Good Excellent  
Any physical limitations or concerns? \_\_\_\_\_  
Taking any medication on a regular basis? \_\_\_\_\_  
Describe your current level of alcohol use. \_\_\_\_\_  
Do you smoke? \_\_\_\_\_  
Are there any present or past experiences, events, or conditions which may be relevant regarding your relationship with a child? (if yes, please explain)  
Physical condition \_\_\_\_\_  
Other \_\_\_\_\_  
Have you ever been diagnosed with or received treatment for any of the following?  
Psychiatric Illness \_\_\_\_\_



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Chemical Dependency \_\_\_\_\_

Victim of abuse \_\_\_\_\_

Name of Clinic or hospital \_\_\_\_\_

Counselor/Dr./Other \_\_\_\_\_

Dates \_\_\_\_\_

12. TRANSPORTATION:

Do you have a valid drivers license? \_\_\_\_\_ State \_\_\_\_\_ # \_\_\_\_\_

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

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

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

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Has your car insurance ever been cancelled? \_\_\_\_\_

Reason? \_\_\_\_\_

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

Please describe \_\_\_\_\_

13. PERSONAL DATA:

Please list your interests, hobbies, and activities: \_\_\_\_\_

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

Have you ever been arrested? \_\_\_\_\_ if yes, please explain \_\_\_\_\_

14. REFERENCES:

Please give names, **complete mailing addresses**, and phone numbers of **at least three** references:

Family member or relative (outside your home)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



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Employer or Co-Worker  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Friend or Neighbor  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Other (Teacher, Minister, School Counselor, etc.)  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**14. BACKGROUND INVESTIGATION AND EXCHANGE OF INFORMATION RELEASE**

I understand that as part of the process of applying to become a Kinship volunteer, Kinship of Litchfield (LAMP-Kinship) will investigate my background (driving record and criminal history/record) as well as any other adults (16+) years of age living in your residence, and check my(our) character references. I thereby authorize any herein named persons, and local and state agencies (employers, courts, health and social services), to release any information requested by Kinship relevant to my volunteer candidacy. I understand that a background check will be completed annually without further notification while I am considered part of the LAMP-Kinship program. I also understand that if I am accepted into the Kinship program, any final decision about whether I am an appropriate mentor for a specific child rests with the parent/guardian of that child. I understand that my full name will be shared with the family to determine if the family accepts me as an appropriate mentor for their child. Acceptance into the program does not guarantee that a match can or will be made. Any information obtained through this application process, and deemed, by the Kinship staff, to be relevant to my appropriateness as a volunteer for a particular child, may be communicated to the parent/guardian of that child. I understand that I will receive similar relevant information about the background and family of any child I am being considered for a match with, as deemed appropriate by the Kinship staff.

I have read and understand the above and give my permission for the background investigation and exchange of information I have provided as it pertains to the match process. I certify that all the information in my application is true and accurate. I understand that any misrepresentation of personal information or history may result in non-acceptance or termination from the Kinship program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name(First/Middle/Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Spouse(First/Middle/Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child(16+)(First/Middle/Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child(16+)(First/Middle/Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_



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### ACTIVITIES AND INTERESTS SURVEY

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/What |
| 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 you dislike or cannot do? \_\_\_\_\_

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

Name \_\_\_\_\_ Date \_\_\_\_\_