



Kinship

Litchfield Area Mentorship Program
(LAMP-Kinship)

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

College or Vocational Major _____ Graduated _____
Currently Attending? _____

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

How do 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 Mentor could help your child? _____

Does your child have any special problems (health problems, allergies, learning disabilities, behavior disorders) we 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) _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I give my permission for my child to participate in the Kinship program. I also give my permission and consent for Kinship of Litchfield (LAMP-Kinship) to contact my child's school and any other community professionals which may include but not limited to 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.

Client's Name _____

Parent/Guardian Name _____

Date _____

This will be reviewed annually.

Organization _____ Date _____



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KINSHIP PHOTO/MEDIA RELEASE

I, _____, give permission to Kinship of Litchfield, to use a photograph of my child, _____, for the purpose of recruiting a Kinship volunteer for him/her. I understand that this photograph may be displayed along with his or her first name and a brief biography including age, interests, 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.

Child's Name _____

Parent/Guardian Signature _____ Date _____

In addition, I understand that Kinship often takes photographs at Kinship events and parties which may later be used for publicity/promotion purposes. If my child participates in any of these group activities or parties, I give permission for Kinship of Litchfield, to use my child's photo for publicity/promotion purposes at a later date. This may include publication in a local newspaper, website, newsletter, magazine, or poster and my child will be identified by first name only.

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.



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**For the 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 _____

Attach a picture of yourself here!



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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 _____