



**Northern Cass Kinship Partners  
Adult Volunteer Application  
(Information is confidential)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ (*for emergency purposes only*)

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

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	Zip
_____	_____	_____
Street	City/State	Zip
_____	_____	_____
Street	City/State	Zip

Family Status (*please circle appropriate response*):

Single    Married    Divorced    Separated    Widowed

Children? \_\_\_\_\_ How many of these children are currently living with you in your home? \_\_\_\_\_

Recreation, skills, hobbies & other interests:

What are your free periods of time?

Age & gender preference of child (if any)?

What do you feel you can contribute to a Kinship child?

What type of child would you feel most comfortable with, ie., aggressive, outgoing, active, quiet, shy, etc.?

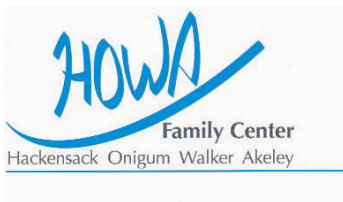
List service clubs, fraternal organizations and volunteer boards to which you belong:

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

Do you have a valid driver's license? \_\_\_\_\_ (*a photocopy of your driver's license will need to be in your Kinship file*)

Do you have car insurance as required by state law? \_\_\_\_\_ (*a photocopy of your insurance card will need to be in your Kinship file.*)

Mail or drop off completed application to: HOWA Family Center  
c/o Kinship Mentoring  
PO Box 1416  
Walker, MN 56484  
218-547-4273



**Northern Cass Kinship is a program of the HOWA Family Center and an affiliate of the national and state Kinship program.**