



RUSC Kinship Mentoring is a community-based youth mentoring program that matches youth with positive, caring adults who commit to spending at least 4 hours a month for a year with a young person. All of our mentors are community members from Stevens County who are over 18 years old who have volunteered to mentor youth. All mentors complete a comprehensive screening process including a background check, training and interview before they are matched with youth through RUSC Kinship Mentoring.

Return this form to the RUSC Kinship Mentoring office at:

RUSC Kinship Mentoring

215 Atlantic Ave
Morris, MN 56267 or
RUSCKinship@gmail.com

ENROLLMENT FORM

*Please answer all of the questions to the best of your ability.
If you need assistance completing this form please contact our office at 320-585-7872.*

Child's Name: _____ DOB: _____
 First Middle Last

Parent/Guardian Name: _____
 First Last

Address: _____
 Street City/State Zip

Home Phone: _____ Cell Phone: _____

Email Address (if you would like us to contact you by email): _____

Place of Employment: _____ Work Phone: _____

Can you be contacted at work: Y or N Best Time: _____

Please check () Married () Divorced () Separated () Widowed () Cohabiting () Single

Spouse's or Significant Other's Name: _____

Please list names and ages of others in household:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

If child living with only one parent, please answer the following:

- A. Is the child's other parent in the area? ()Yes ()No
- B. Does your child see his/her other parent? ()Yes ()No
- C. If yes, how often? _____
- D. Do you anticipate any objections from the child's other parent regarding participation in the RUSC Kinship Mentoring program? ()Yes ()No

- 1. How did you hear about the RUSC Kinship Mentoring program?

- 2. Why would you like your child in the RUSC Kinship Mentoring program?

- 3. Does your child have special needs with which you feel a volunteer can help?

- 4. Are there any challenges at home, in school, etc. of which we should be aware?

I, _____ Parent/Guardian (*circle one*)

of _____ (Child's Name), understand the nature of the RUSC Kinship Mentoring program and want my child to participate in it. In order to allow my child to participate, I agree to the following provisions:

- 1. I consent to this child's participation in the RUSC Kinship Mentoring program and give *him/her* my permission to participate.
- 2. I understand that my child will be participating in various one-to-one activities with an Adult Mentor and that my child will be under the Adult Mentor's supervision during those activities. In that every effort is made by volunteers involved in RUSC Kinship Mentoring to provide for reasonable care, protection and supervision of the children participating in the program, I release the volunteer(s) and the RUSC Kinship Mentoring Program from liability for incidents occurring while my child is participating in, going to or returning from RUSC Kinship Mentoring outings.

Print Parent/Guardian Name

Child's Name

Signature of Parent/Guardian

Date

RUSC Kinship Mentoring does not discriminate for reasons of race, religion, national origin, gender, or sexual orientation. Final approval for all matches is given by the parent/guardian of the child.