



PO Box 653
15 E Wisconsin Avenue, Suite 5
Tomahawk WI 54487
(715) 453-1910
kinshiptomahawk@hotmail.com
www.kinshiptomahawk.org

VOLUNTEER APPLICATION

1. NAME _____

2. ADDRESS _____

3. DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____

4. HOME PHONE _____ EMAIL ADDRESS _____
CELL PHONE _____

5. How Long Have You Lived At This Address? _____

Please list any other addresses that you have had during the past 10 years

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

6. FAMILY STATUS (please circle one)

Single Married Divorced Cohabiting Widowed

Spouse/significant other's name _____

Number of years together _____ Number of Children _____

Please list name, age, and gender of each child

Which children are currently living at home? _____

7. EMPLOYMENT

Current Employer _____

Address _____

Your Position _____ **Phone Number** _____

Length of time at this job _____

Previous Employer _____

Length of time at this job _____ **Reason for leaving** _____

8. EDUCATIONAL RECORD (please fill the school and number of years completed)

Elementary _____ **High School** _____

Technical College _____ **College** _____

College or Vocation Major _____ **Did you graduate** _____

9. MILITARY SERVICE

Time served _____ **Branch** _____

Date and kind of discharge _____

10. VOLUNTEER RECORD

List service clubs and organizations you belong to or have volunteered for

Are you affiliated with a church? _____ **Name of Church** _____

List your past experiences with youth _____

11. HEALTH (How would you describe your present health? Circle one)

Poor **Fair** **Good** **Excellent**

Any physical limitations or concerns? _____

Taking any medication on a regular basis? _____

Are there any present conditions which may be relevant regarding your relationship with a child? If yes, explain: _____

Have you ever been diagnosed with or received treatment for any of the following?

Psychiatric illness _____ **Chemical dependency** _____

Victim of abuse _____ **Name if clinic or hospital** _____

Counselor or doctor _____ **Dates** _____

12. TRANSPORTATION

Do you have a valid driver's license? _____ State _____ # _____
Do you have your own car? _____ If no, do you have regular access to a car? _____
Owner of car _____ Make _____ Model _____ Year _____
License number _____ Do you have current insurance? _____
Name of Insurance Company _____ Policy # _____
Has your car insurance ever been canceled? _____ If yes, 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 changes within the next year? _____

Have you ever been arrested? _____ If yes, explain _____

14. How did you learn about the Kinship Program? _____

REFERENCES: Please give names, complete addresses, and phone numbers for at least three references

Family member or relative (outside your home)

Name _____ Phone # _____

Address _____

Employer or Co-worker

Name _____ Phone # _____

Address _____

Friend or Neighbor

Name _____ Phone # _____

Address _____

Other

Name _____ Phone # _____

Address _____