



**8. EDUCATIONAL RECORD** (please fill in the number of years completed, school and location of school)

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 of which you are a member \_\_\_\_\_  
\_\_\_\_\_

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

List your past experience with children or youth: \_\_\_\_\_  
\_\_\_\_\_

**11. HEALTH:** How would you describe your present health?

Poor                  Fair                  Good                  Excellent

Any physical limitations or concerns? \_\_\_\_\_

List prescription medications taken 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 \_\_\_\_\_

Mental illness \_\_\_\_\_

Chemical dependency \_\_\_\_\_

Criminal history \_\_\_\_\_

Have you ever been a victim of a crime? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**12. TRANSPORTATION:**

Do you have a valid driver's license? \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_ If no, do you have access to transportation?

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

List your insurance company and vehicle insurance number \_\_\_\_\_

**I WILL PROMPTLY REPORT TO KINSHIP PARTNERS ANY CHANGE IN MY INSURANCE  
COVERAGE OR DRIVER'S LICENSE STATUS!**

**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 convicted of a felony?\_\_\_\_\_If yes, please explain\_\_\_\_\_

**14. REFERENCES:**

Please give names, complete mailing addresses, and phone numbers of three references as identified below.

**Family member or relative (outside your home)**

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

Street City State Zip

**Employment Acquaintance**

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

Street City State Zip

**Friend or Neighbor**

Name\_\_\_\_\_Phone\_\_\_\_\_

Address\_\_\_\_\_

Street City State Zip

15. I understand that Kinship Partners will contact the listed references and any other persons deemed necessary. Kinship Partners reserves the right to use the information provided by you, your references, and information from public records for what is deemed to be in the best interest of the Kinship Partners program and the children it serves. Information thus obtained will be used in matching you with a potential child. This information is confidential to the Kinship Partners' staff and screening committee.

I understand that misrepresentation of personal information of history could result in termination or non-acceptance in the Kinship Partners program.

Kinship Partners 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.

Signature\_\_\_\_\_

Kinship Partners  
PO Box 642  
Brainerd, MN 56401  
218-829-4606

Kinship Partners  
PO Box 754  
Pequot Lakes, MN 56472  
218-568-4015