



YouthFriends®

Completing the YouthFriends Application

Thank you for your interest in YouthFriends!

To be considered as a YouthFriends volunteer, you must fill out this application.

Filling it out completely and legibly will help in processing your application more quickly. Please make sure all forms are signed. Once your application is received by the screening department, background checks will be conducted that will help move the selection process forward.

The following background checks are routinely conducted free of charge to volunteers.*

- Criminal
- Child Abuse and Neglect
- Sex Offender Registry

Thank you for your willingness to volunteer with kids. A YouthFriends representative will contact you soon regarding the next steps of the application process.

**Note: While the overwhelming majority of applicants pass screening, some do not. The most common reasons for failure are having a currently suspended driver's license or having a DWI/DUI within the last three years. These findings, among others, automatically disqualify an applicant from service as a YouthFriend.*

Please contact the YouthFriends screening department with questions (800) 563-0472.



YouthFriends® Application

***Bold** font indicates fields required to complete the application process

Office Use Only	
Date District Received	_____
Date Sent to Screening	_____
Date YouthFriends Branch Received	_____
(816) 842-7082 • Toll Free (877) 842-7082 • youthfriends.org	

PERSONAL INFORMATION

Name _____
First Middle Last

Maiden Name _____ Familiar First Name _____

Other Names Used/Previous Married Name _____

Other Names Used/Previous Married Name _____

Other Names Used/Previous Married Name _____

Check here if you are an employee of a YouthFriends partnering school district where you plan to volunteer and have been cleared by the school district to work with students

Do you want to Yes
receive emails? No

Social Security# _____ **Preferred Email** _____

Current Zip _____ **Current City** _____ **Current State** _____ **County** _____

Current Street _____ **How long at current address?** _____ Years _____ Months

Home Phone (____) _____ **Cell Phone** (____) _____ **Birthdate** _____

Marital Status: Single Married Divorced Widowed **Gender:** Male Female

Ethnicity: African American Asian Asian/Pacific Caucasian Hispanic Mixed Native American Other

Affiliations _____

Emergency Contact Name _____ **Emergency Contact Phone** (____) _____

Skills and Interests/Languages Spoken? _____

EMPLOYER INFORMATION

Employment Status: Employed Unemployed Retired Employer Name _____

Employer Other Name _____ Employer Street _____

Employer Division _____ Employer Zip _____ Employer City _____ Employer State _____

Occupation _____ Industry Type _____ Work Phone (____) _____ Ext _____

Work Fax (____) _____ OK to call at work? Yes No Supervisor's Name _____

Supervisor's Work Number (____) _____ Years at this Employer _____ Months at this Employer _____

Previous Employer _____ Previous Employer Zip _____

Previous Employer Street _____ City _____ State _____

Does your work involve METS (math, engineering, technology, science): Yes No

How did you hear about YouthFriends? _____

(over please)

EDUCATION

Education Level: Advanced degree College Degree High school or GED Some College Less than high school

Preferred School District _____ Preferred School _____ Is this an E-Mentor Application?

Preferred Day of the Week (M-F) _____ Preferred Start Time _____ Preferred Age: Any Elementary Middle High School

REFERENCES

Please list three personal references (references cannot be family members or relatives).

1. Name _____ Preferred Phone (_____) _____

Zip _____ Street _____ City/State _____

Email _____ Relationship to you _____ How long? Years _____ or Months _____

2. Name _____ Preferred Phone (_____) _____

Zip _____ Street _____ City/State _____

Email _____ Relationship to you _____ How long? Years _____ or Months _____

3. Name _____ Preferred Phone (_____) _____

Zip _____ Street _____ City/State _____

Email _____ Relationship to you _____ How long? Years _____ or Months _____

Have you ever had a conviction, suspended sentence, diversion agreement or other judgment against you for any matter listed below? Your answers should include any matter resolved on a plea of guilty or nolo contendere (no contest) and any matter expunged, annulled or sealed.

1) Any felony or misdemeanor? Yes No 2) Any municipal ordinance violation? Yes No

3) Any DUI/DWI? Yes No 4) Is your driver's license currently suspended? Yes No

5) Are any felony, misdemeanor or municipal charges currently pending against you or are you currently out on bail or on your own recognizance awaiting trial? Yes No

6) Have there ever been allegations, complaints or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

If you answered Yes to any of the above, please provide date, description and explanation of each incident _____

Please list previous addresses (5 year history required) if at current address less than 5 years)

_____ Time at this address: _____ years _____ mos

_____ Time at this address: _____ years _____ mos

_____ Time at this address: _____ years _____ mos

Applicant's Authorization and Agreement

You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background and child abuse/neglect records and sex offender registry, will be verified and may be disclosed to YouthFriends and participating school districts, and hereby consent to such verification and disclosure. I declare that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that YouthFriends and/or participating school districts, at their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.

Applicant's Signature _____ Date _____

Please complete all blanks for prompt processing. Unless otherwise instructed, return to YouthFriends Screening Department, PO Box 189, Girard, KS 66743

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
915 SW Harrison 5th Fl. South
Topeka, Kansas 66612

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any information
(Please print complete first, middle and last name)
concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Attn Screening
Agency Name: YouthFriends
Mailing Address:
YouthFriends
PO Box 189
Girard, KS 66743

Phone Number: (800) 563-0472

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

****Please complete the information below by printing in ink. Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.****

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used:
(Use N/A if no other names used) _____

Date of Birth: _____ Race: _____

Social Security # _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Mentor Program: **If yes, please check**

For Central Registry Use Only