



# 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 receive emails?  Yes  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 Dept., PO Box 189, Girard, KS 66743, fax to 620.724.6236 or email in PDF format to screenings@youthfriends.org.

Missouri State Highway Patrol/Missouri Department of Social Services  
**REQUEST FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD**

TYPE OF SERVICE (Check **only one**)

(1) Name Search - \$5.00 (Criminal Record and Child Abuse Search)

(2) Fingerprint Search - \$14.00 (Criminal Record and Child Abuse Search)

(3) CD Central Registry Child Abuse Search Only - No Charge

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

APPLICANT'S NAME (Last, First, MI, Jr., Sr., III)				
MAIDEN NAME	DATE OF BIRTH (MM/DD/YY)	STATE OF BIRTH	SEX	RACE
ALIAS NAME(S)	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER/STATE		

Addresses for past 5 years:

Street	City	State	Street	City	State

Have you ever been charged/plead guilty to or been convicted of any criminal act in this state or any state?

YES (Complete section below)  NO, I have not been charged/pled guilty to or been convicted of any criminal offense in this state or any state.

Date	City	State	County	Circumstances (Identify charges, attach separate page, if necessary.)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

YES (Complete section below)  NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

Date	City	State	County	Circumstances (Identify charges, attach separate page, if necessary.)

**The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.**

SIGNATURE OF APPLICANT ( <b>REQUIRED IN INK</b> )	DATE
SIGNATURE OF CHILD CARE PROVIDER ( <b>REQUIRED IN INK</b> )	DATE
TITLE OF CHILD CARE PROVIDER	TELEPHONE (816) 842-7082
STATE AGENCY	STATE VENDOR OR CONTRACT NO. (If applicable)

CHECK APPROPRIATE BOX

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT           | <input type="checkbox"/> DOH/CCB CHILD CARE BUREAU | <input checked="" type="checkbox"/> SCHOOLS/PUBLIC AND PRIVATE |
| <input checked="" type="checkbox"/> CHILD CARE RELATED VOLUNTEER | <input type="checkbox"/> DMH/DMH VENDOR            | <input type="checkbox"/> DYS                                   |
| <input type="checkbox"/> DFS LICENSURE                           | <input type="checkbox"/> HEALTH CARE               | <input type="checkbox"/> OTHER _____                           |

RETURN ADDRESS (REQUIRED ON EACH APPLICATION)  
 Complete your mailing label below. Confidential Mail

**Please return completed form by mail, fax or email:**  
**YouthFriends Screening Dept., P.O. Box 189, Girard, KS 66743**  
**Fax 620.724.6236 or Email (PDF format) screenings@youthfriends.org**