



YouthFriends®

Completing the YouthFriends Application

Thank you for your interest in YouthFriends! If you are selected as a YouthFriends volunteer, you will be joining thousands of other mentors who are making a difference for young people.

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
- Driving
- 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 Missouri and Kansas City screening department at 816-842-7082 or 877-842-7082 (toll free) with questions.

MISSOURI



YOUTH FRIENDS® Application

Office Use Only

Date District Received _____
Date Sent to Screening _____
Date YouthFriends Branch Received _____

Phone: (816) 842-7082 Toll Free: (877) 842-7082
www.youthfriends.org

I am applying to be a: YouthFriends in-school volunteer YouthFriends e-Mentor (not available in all school districts)

Legal Name _____
Last First Middle

Maiden Name _____ Familiar/Nickname _____

Driver's License # _____ State _____ Birth Date _____
MM / DD / YYYY

Current Address _____ City _____ State _____ Zip _____

How long at current address? _____ Years _____ Months

Your addresses over the last five years, prior to your current address: If same, check here.

Street _____ Apt.# _____ City _____ State _____ Zip _____

Street _____ Apt.# _____ City _____ State _____ Zip _____
(Attach additional sheets if necessary)

Home Phone (____) _____ E-Mail _____ OK to send E-mail to work address? Yes No

Marital Status: Single Married Divorced Widowed

Place of Employment _____ How Long? _____ Occupation _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Ext. _____ Fax (____) _____ OK to send mail to work address? Yes No

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

If employed here less than three years, please list previous employer(s) (Attach additional sheets if necessary):

Name of Employer _____ How long there? _____

Street Address _____ City _____ State _____ Zip _____

My work/experience involves: math, engineering, technology and/or science: Yes No

Please circle the industry below in which you work or from which you have retired (circle all that apply):

- | | | |
|------------------------------------|----------------------------------|--|
| Agriculture/Food/Natural Resources | Finance | Information Technology |
| Architecture/Construction | Government/Public Administration | Law/Public Safety/Security |
| Arts/AV Technology/Communications | Health Science | Manufacturing |
| Business/Management/Administration | Hospitality/Tourism | Marketing/Sales/Service |
| Education/Training | Human Services | Science/Technology/Engineering/Mathematics |
| | | Transportation/Distribution/Logistics |

Education: Less than high school High school or GED Vo-tech or college (less than four years)
 Four year college degree or equivalent Advanced degree

Special affiliation. Are you submitting this application as part of a group? (i.e., church, social club, office affinity group)

Name of group _____

What skills, interests and activities would you like to share? _____

Please send information to me about becoming a classroom speaker.

Do you have foreign language skills? Yes No If yes, what language(s)? _____

Age group with which you would like to work: Elementary Middle School High School

School district where you would like to participate? _____ Specific school? _____

When are you available for volunteer service? Day(s) _____ Time(s) _____

Emergency contact: _____
Name Phone Relationship

How did you hear about YouthFriends? _____

Please list three personal references (two must be non-family) who have known you for at least one year. **Please include all information requested.**

Name _____ Work Phone (____) _____ Home Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long acquainted _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long acquainted _____

Name _____ Work Phone (____) _____ Home Phone (____) _____

Address _____ City _____ State _____ Zip _____

Relationship to you _____ How long acquainted _____

Have you previously applied to be a YouthFriends volunteer? Yes No If yes, please indicate date and place of application, and whether your application was accepted.

Date _____ Place of Application _____ Accepted? Yes No

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 yes to any of the above, please provide date, description and explanation of each incident on a separate piece of paper.

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, please return to: YouthFriends, 1800 Baltimore, Suite 400, Kansas City, MO 64108

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 (REQUIRED IN INK)	DATE
SIGNATURE OF CHILD CARE PROVIDER (REQUIRED IN INK)	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

YOUTHFRIENDS
 PAM MORGAN
 1800 BALTIMORE, 4TH FLOOR
 KANSAS CITY, MO 64108