



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 Kansas screening department at 620-724-6281/800-563-0472 (toll-free) with questions.



YouthFriends®

Driver's License # _____ State _____

Social Security # _____

Birth Date ____/____/____
MM / DD / YYYY

Phone: (620) 724-6281 Toll Free: (800) 563-0472
www.youthfriends.org

Legal Name _____
Last First Middle

Maiden Name _____ Familiar/Nickname _____

Home Address _____ City _____ State _____ Zip _____

How long at present address? ____ Years ____ Months

Home Phone (____) _____ Preferred E-Mail _____

Marital Status: Single Married Divorced Widowed

Place of Employment _____ How Long? _____ Occupation _____

Work Address _____ City _____ State _____ Zip _____

Work Phone (____) _____ Ext. _____ Fax (____) _____

Supervisor's Name _____ Phone (____) _____

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

Name of Employer _____ How long there? _____

Street Address _____ City _____ State _____ Zip _____

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Street Address _____ City _____ State _____ Zip _____

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

Emergency contact: _____
Name Phone Relationship

How did you hear about YouthFriends? _____

What skills and interests would you like to share? _____

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) _____

Office Use Only

Date School District Received _____ Date Sent to Screening Department _____

Date YouthFriends Branch Received _____

Application

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 _____

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)

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

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 form 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 hereby consent to such verification. 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 Kansas/Screening Department
Southeast Kansas Education Services Center, P.O. Box 189, Girard, KS 66743



Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, Kansas 66601

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 names)
concerning myself in the Child Abuse and Neglect Central Registry to:

Contact person: Lisa McAtee
Agency Name: YouthFriends Kansas - Southeast Kansas Education Center
Mailing Address: PO Box 189
Girard, KS 66743
Phone Number: (620) 724-6281

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: _____

For Central Registry Use Only

___ FEE ATTACHED