



YouthFriendssm

MISSOURI APPLICATION

Drivers License # _____

State _____ Birth Date _____

Social Security # _____

Phone: (816) 842-7082 Toll Free: (877) 842-7082
Fax: (816) 842-7907 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 _____

Name of Employer _____ How long there? _____

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, including 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 three 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 been convicted of, plead guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on diversion, or otherwise been found guilty of:

Any criminal or municipal ordinance violation Yes No DUI/DWI Yes No

Is your driver's license currently suspended? 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 additional paper.

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.

Signature _____ Date _____

Please complete all blanks for prompt processing.

Unless otherwise instructed, please return to:

YouthFriends
1000 Broadway, Ste. 302
Kansas City, MO 64105
(816) 842-7082