



Office Use Only	
Date Received	_____
Date of Training	_____
Date of Screening	_____

## YouthFriends Application

Or apply online at <http://www.nkcschools.org/youthfriends>

***I acknowledge and understand that upon completion of the YouthFriends process, if approved, I will be able to serve a minimum of one hour monthly in the capacity as a YouthFriends volunteer at the school.***

Title: \_\_\_\_\_ Legal Name \_\_\_\_\_  
(Mr., Mrs., Ms., Miss) First Middle Last

Other Names Used \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

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

Do you know any language other than English?  Yes  No

If yes, please indicate which language(s) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip

Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ OK to call at work?  Yes  No

Preferred Age Group  Elementary  Middle  High School Preferred School \_\_\_\_\_

Volunteer Type Check all that apply	Availability Indicate days and time available					Volunteer Activity Check all interests
<input type="checkbox"/> Parent/Relative of Student <input type="checkbox"/> Employee of NKC Schools Employee ID Number _____ <input type="checkbox"/> Former Employee of NKC Schools Employee ID Number _____ <input type="checkbox"/> Community Volunteer Are you volunteering with a group? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Organization: _____		Before School	Morning	Afternoon	After School	<input type="checkbox"/> Before/After School Activities <input type="checkbox"/> Breakfast Buddy <input type="checkbox"/> Classroom Helper <input type="checkbox"/> Library Assistant <input type="checkbox"/> Lunch Buddy <input type="checkbox"/> Mentor (Staff Only) <input type="checkbox"/> Robotics (High School Only) <input type="checkbox"/> Tutor
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	<input type="checkbox"/> My schedule is flexible					

**Please list three references who have known you for at least 2 years and are not relatives.**

1) Name \_\_\_\_\_ Preferred Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

2) Name \_\_\_\_\_ Preferred Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

3) Name \_\_\_\_\_ Preferred Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Relationship to you \_\_\_\_\_ How long acquainted \_\_\_\_\_

1. **Have you ever been found guilty or pleaded guilty, received a suspended imposition of sentence or entered an Alford plea or “nolo contendere” for a violation of any law (felony or misdemeanor) in this state or any other in the United States other than a minor traffic violation?**  Yes  No

If yes, explain \_\_\_\_\_

(Note: A criminal record does not constitute automatic bar from service and will be considered only as it relates to the opportunity.)

2. **Have you ever had any indicated finding of cause or reason to believe or suspect that you had engaged in the physical, emotional, psychological, or sexual abuse or neglect of a child?**  Yes  No

If yes, explain, giving dates: \_\_\_\_\_

3. **Are you currently on parole or probation?**  Yes  No

If yes, please explain: \_\_\_\_\_

4. **Does your name appear on any Sex Offender Database in any state or country?**  Yes  No

#### **Applicant’s Authorization and Agreement**

*You have my permission to contact my references. 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 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 North Kansas City Schools may accept or decline this application without providing me any reasons for the decision. I understand I must be interviewed, trained, and submit to a background check before working with district students.*

**Applicant’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete all blanks for prompt processing.**

**Please return completed form to:**

**Partners in Education  
North Kansas City Schools  
3100 NE 83<sup>rd</sup> Street, Suite 2400  
Kansas City, MO 64119  
(816) 321-5018**