

ADULT APPLICATION

For Learning for Life district and council committee participants and Exploring or Explorer Club adult leaders.

Real-World Career Experiences
Exploring[®]

Explorer Club



Mission: To develop and deliver engaging, research-based academic, character, leadership, and career-focused programs aligned to state and national standards that guide and enable all students to achieve their full potential.

By submitting this application you are authorizing a criminal background check of yourself. This check will be made from public record sources. You will have an opportunity to review and challenge any adverse information disclosed by the check. If you would like a copy of your criminal background report, please contact your local office.

Youth Protection Training

All volunteers are required to complete Youth Protection training before volunteer service with youth begins. Training is available online at www.learningforlife.org, and each local Learning for Life office provides training to volunteers on a regular basis throughout the year. Contact your local Learning for Life staff for assistance.

Adult Qualification. All adults must be 21 years of age and are required to complete Youth Protection training prior to volunteer service with youth. Additional training information can be found by visiting www.learningforlife.org.

Adults are selected by the participating organization for involvement in the program. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status or citizenship are not criteria for participation.

Learning for Life Privacy Policy. Learning for Life protects the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information of members. Access to this information is strictly limited.

Ethnic Background Information. Learning for Life receives inquiries from various agencies regarding racial composition. Please fill in the appropriate circle on the application to indicate ethnic background.

This application is designed to be an information-gathering aid. Answers given by the applicant are to be verified in those instances where a legitimate question arises as to his or her qualifications.

INSTRUCTIONS — POST/CLUB/GROUP PARTICIPANTS

1. Read, review, complete, and sign the Disclosure/Authorization Form.
Note: The completed and signed Disclosure/Authorization and Learning for Life Adult Application forms must be turned in together.
2. Complete and sign the local office copy of the Learning for Life and Explorer Post/Club Adult Application. Keep the applicant copy, and give the rest to the post committee chair/club sponsor/Learning for Life representative with the proper fees.
3. The post committee chair/club sponsor/Learning for Life representative keeps the respective copy, gives the post/club/group organization copy to the proper representative, and forwards the local office copy and the Disclosure/Authorization form to the local Learning for Life and Exploring office for approval and processing.

Participant Chart	
Term per Months	Youth/adult Participant Fee
1	2.00
2	4.00
3	6.00
4	8.00
5	10.00
6	12.00
7	14.00
8	16.00
9	18.00
10	20.00
11	22.00
12	24.00
13	26.00
14	28.00
15	30.00
16	32.00
17	34.00
18	36.00

Position Codes	
PCC	Post Committee Chair
PMC	Post Committee Member
EA	Explorer Post Advisor
AA	Explorer Post Associate Advisor
34	Council Learning for Life Committee Chair
34M	Council Learning for Life Committee Participant
63	District Learning for Life Committee Chair
63M	District Learning for Life Committee Participant
ES	Explorer Club Sponsor
AS	Explorer Club Associate Sponsor
137	Council Service Team Chair
138	Council Service Team Member
139	District Service Team Chair
140	District Service Team Member
*141	Learning for Life Presenter

***Position 141 – Learning for Life Presenter is a non-paying position.**

Explorer Club

Exploring
Real-World Career Experiences

Vision: To provide positive and meaningful real-world career experiences and leadership development opportunities for all teenagers and young adults in their chosen field of interest.

Learning for Life
Pre K-12 Programs Student Success

Vision: To provide engaging and relevant PreK-12 solutions that positively impact academic performance, social and emotional maturity, character development, and career education for all students.

Tips for completing the Application for Exploring or Explorer Club adult leader:

- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7	0	3		F	I	R	S	T		S	T	
---	---	---	--	---	---	---	---	---	--	---	---	--

LEARNING FOR LIFE ADULT APPLICATION

The information obtained in this form is for the internal use of Learning for Life only.

EXPIRE DATE / / TERM MONTHS

New leader Exploring Post
 Former leader Explorer Club
 Learning for Life

No. OR Council/district position

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring or multiplying the registration. Mark and attach a copy of the certificate.

Transfer from Multiple from Council no. Post Club Group

No.

District name

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames) Middle name Last name Suffix

KATHLEEN JANE SMITH

• Print—do not use cursive.
 • Print one letter or number only in each box.
 • Use uppercase letters and stay within the blue boxes for legibility.

Qualify for 28-573 (Criminal Background Exemption): Yes No

Country Mailing address City State Zip code

US 1234 ANY STREET ANYTOWN NY 12345

• Fill in radio buttons completely.

Home phone Business phone Ext. Cell phone

555-123-4567 - - x 555-321-7654

Date of birth (mm/dd/yyyy) Ethnic background: Driver's license No. State

01/01/1970 Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

123456789 NY

Gender Social Security number (required) Occupation Employer

M F 111-22-3333 EXEC ASSIST THOMAS ENT

Country Business address City State Zip code

US 5678 ALEC DR WORK TOWN NY 67890

Position code Post, club, or group position (description) Previous Exploring or Learning for Life experience

ES Explorer Club Sponsor Health Explorer

Email address (Select one) Work Home

Work Home KJSMITH@THOMASENT.COM

I agree to comply with the rules and regulations of Learning for Life. I affirm that the information I have given on this form is true and correct. I have completed Youth Protection training and will follow the Youth Protection guidelines.

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures, and this applicant meets the leadership qualifications of Learning for Life.

Approval for Council and District Volunteers
 We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to LFL procedures and this applicant meets the leadership qualifications of Learning for Life.

Kathleen Smith 5/13/13 *Robin Tyler* 5/14/13 *Bill Jones* 5/17/13

Signature of applicant Date Signature of participating organization officer Date Signature of council executive or designee Date

• Make sure you have all needed signatures on application.

Participation fee \$. Paid: Cash Check No. Credit card

INSTRUCTIONS:

Please read the Authorization and Disclosure Statement on the back of this page. In the space provided at the bottom of the statement, fill in the spaces for your name, signature, and date to acknowledge your review of the form.

This Authorization and Disclosure Statement and the Learning for Life Adult Application must be signed and turned in together to complete the application process.

Disclosure/Authorization Form

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, Learning for Life will procure consumer reports on you in connection with your application to serve as a volunteer, and Learning for Life may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. Learning for Life has contracted with First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail at First Advantage, 1000 Alderman Drive, Alpharetta, GA 30005, or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by First Advantage from public record sources.

The consumer reports will not include credit record checks or motor vehicle record checks.

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to First Advantage at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize Learning for Life and First Advantage to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with Learning for Life. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if Learning for Life chooses not to accept my application or to revoke my participation based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, First Advantage.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

California

Under California law, the consumer reports described above that Learning for Life will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by First Advantage, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at First Advantage's offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. First Advantage will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with Learning for Life. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name (No initials or nicknames) Please print.

Middle name

Last name

Suffix

Signature of applicant

Date

Unit No.

LEARNING FOR LIFE ADULT APPLICATION

The information obtained in this form is for the internal use of Learning for Life only.

EXPIRE DATE / /

TERM MONTHS

- New leader
 Former leader

- Exploring Post
 Explorer Club
 Learning for Life

No. OR

Council/district position

District name

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring or multiplying the registration. Mark and attach a copy of the certificate.

Transfer from Multiple from

Council no.

- Post
 Club
 Group

No.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Qualify for 28-573 (Criminal Background Exemption): Yes No (If yes, attach form.)

Country Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

- Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

Driver's license No.

State

Gender

- M F

Social Security number (required)

Occupation

Employer

Country Business address

City

State

Zip code

Position code

Post, club, or group position (description)

Previous Exploring or Learning for Life experience

Email address (Select one) Work Home

I agree to comply with the rules and regulations of Learning for Life. I affirm that the information I have given on this form is true and correct. I have completed Youth Protection training and will follow the Youth Protection guidelines.

Signature of applicant

Date

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures, and this applicant meets the leadership qualifications of Learning for Life.

Signature of participating organization officer

Date

Approval for Council and District Volunteers

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to LFL procedures and this applicant meets the leadership qualifications of Learning for Life.

Signature of council executive or designee

Date

Participation fee \$

Paid: Cash Check No. Credit card

LOCAL OFFICE COPY

Retain on file for three years.

524-010

LEARNING FOR LIFE ADULT APPLICATION

The information obtained in this form is for the internal use of Learning for Life only.

EXPIRE DATE / /

TERM MONTHS

- New leader
 Former leader

- Exploring Post
 Explorer Club
 Learning for Life

No. OR

Council/district position

District name

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring or multiplying the registration. Mark and attach a copy of the certificate.

Transfer from Multiple from

Council no.

- Post
 Club
 Group

No.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Qualify for 28-573 (Criminal Background Exemption): Yes No (If yes, attach form.)

Country Mailing address

City

State

Zip code

Home phone

- -

Business phone

- - X

Ext.

Cell phone

- -

Date of birth (mm/dd/yyyy)

/ /

Ethnic background:

- Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

Driver's license No.

State

Gender

- M F

Social Security number (required)

Occupation

Employer

Country Business address

City

State

Zip code

Position code

Post, club, or group position (description)

Previous Exploring or Learning for Life experience

Email address (Select one) Work Home

@

I agree to comply with the rules and regulations of Learning for Life. I affirm that the information I have given on this form is true and correct. I have completed Youth Protection training and will follow the Youth Protection guidelines.

Signature of applicant

Date

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures, and this applicant meets the leadership qualifications of Learning for Life.

Signature of participating organization officer

Date

Approval for Council and District Volunteers

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to LFL procedures and this applicant meets the leadership qualifications of Learning for Life.

Signature of council executive or designee

Date

Participation fee \$.

Paid: Cash Check No. Credit card

POST COMMITTEE/CLUB SPONSOR/LFL REP COPY

Retain on file for three years.

524-010

LEARNING FOR LIFE ADULT APPLICATION

The information obtained in this form is for the internal use of Learning for Life only.

EXPIRE DATE / /

TERM MONTHS

- New leader
 Former leader

- Exploring Post
 Explorer Club
 Learning for Life

No. OR

Council/district position

District name

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring or multiplying the registration. Mark and attach a copy of the certificate.

Transfer from Multiple from

Council no.

- Post
 Club
 Group

No.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Qualify for 28-573 (Criminal Background Exemption): Yes No (If yes, attach form.)

Country Mailing address

City

State

Zip code

Home phone

- -

Business phone

- - X

Ext.

Cell phone

- -

Date of birth (mm/dd/yyyy)

/ /

Ethnic background:

- Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

Driver's license No.

State

Gender

- M F

Social Security number (required)

Occupation

Employer

Country Business address

City

State

Zip code

Position code

Post, club, or group position (description)

Previous Exploring or Learning for Life experience

Email address (Select one) Work Home

@

I agree to comply with the rules and regulations of Learning for Life. I affirm that the information I have given on this form is true and correct. I have completed Youth Protection training and will follow the Youth Protection guidelines.

Signature of applicant

Date

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures, and this applicant meets the leadership qualifications of Learning for Life.

Signature of participating organization officer

Date

Approval for Council and District Volunteers

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to LFL procedures and this applicant meets the leadership qualifications of Learning for Life.

Signature of council executive or designee

Date

Participation fee \$.

Paid: Cash Check No. Credit card

POST/CLUB/GROUP ORGANIZATION COPY

Retain on file for three years.

524-010

LEARNING FOR LIFE ADULT APPLICATION

The information obtained in this form is for the internal use of Learning for Life only.

EXPIRE DATE / /

TERM MONTHS

- New leader
 Former leader

- Exploring Post
 Explorer Club
 Learning for Life

No. OR

Council/district position

District name

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring or multiplying the registration. Mark and attach a copy of the certificate.

Transfer from Multiple from

Council no.

- Post
 Club
 Group

No.

Please print one letter in each space—press hard; you are making three copies.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Qualify for 28-573 (Criminal Background Exemption): Yes No (If yes, attach form.)

Country Mailing address

City

State

Zip code

Home phone

- -

Business phone

- - X

Ext.

Cell phone

- -

Date of birth (mm/dd/yyyy)

/ /

Ethnic background:

- Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

Driver's license No.

State

Gender

- M F

Social Security number (required)

Occupation

Employer

Country Business address

City

State

Zip code

Position code

Post, club, or group position (description)

Previous Exploring or Learning for Life experience

Email address (Select one) Work Home

@

I agree to comply with the rules and regulations of Learning for Life. I affirm that the information I have given on this form is true and correct. I have completed Youth Protection training and will follow the Youth Protection guidelines.

Signature of applicant

Date

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to procedures, and this applicant meets the leadership qualifications of Learning for Life.

Signature of participating organization officer

Date

Approval for Council and District Volunteers

We are unaware of anything contrary to the information stated in this application. This application has been reviewed according to LFL procedures and this applicant meets the leadership qualifications of Learning for Life.

Signature of council executive or designee

Date

Participation fee \$.

Paid: Cash Check No. Credit card

APPLICANT COPY/RECEIPT

Retain on file for three years.

524-010