ADULT APPLICATION

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

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.

**Position Codes**

<table>
<thead>
<tr>
<th>Position Code</th>
<th>Position Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCC</td>
<td>Post Committee Chair</td>
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<tr>
<td>PMC</td>
<td>Post Committee Member</td>
</tr>
<tr>
<td>EA</td>
<td>Explorer Post Advisor</td>
</tr>
<tr>
<td>AA</td>
<td>Explorer Post Associate Advisor</td>
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<tr>
<td>34</td>
<td>Council Learning for Life Committee Chair</td>
</tr>
<tr>
<td>34M</td>
<td>Council Learning for Life Committee Participant</td>
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<td>63</td>
<td>District Learning for Life Committee Chair</td>
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<td>District Learning for Life Committee Participant</td>
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<tr>
<td>ES</td>
<td>Explorer Club Sponsor</td>
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<tr>
<td>AS</td>
<td>Explorer Club Associate Sponsor</td>
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<tr>
<td>137</td>
<td>Council Service Team Chair</td>
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<tr>
<td>138</td>
<td>Council Service Team Member</td>
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<tr>
<td>139</td>
<td>District Service Team Chair</td>
</tr>
<tr>
<td>140</td>
<td>District Service Team Member</td>
</tr>
<tr>
<td>*141</td>
<td>Learning for Life Presenter</td>
</tr>
</tbody>
</table>

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

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**Participant Chart**

<table>
<thead>
<tr>
<th>Term per Months</th>
<th>Youth/adult Participant Fee</th>
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<tbody>
<tr>
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<tr>
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<td>34.00</td>
</tr>
<tr>
<td>18</td>
<td>36.00</td>
</tr>
</tbody>
</table>

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**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.

EXPRIE DATE / / TERM MONTHS

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 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)

KATHLEEN JANE SMITH

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

Country Mailing address

US 1234 ANY STREET ANYTOWN NY 12345

Home phone Business phone Ext.

555-123-4567 - - - X 555-321-7654

Date of birth (mm/dd/yyyy) Ethnic background:

01/01/1970 Black/African-American Other

Gender Social Security No. (required)

M 1234567890

Country Business address

US 5678 ALEC DR WORK TOWN NY 67890

Position Code Post, club, or group position (description)

ES Explorer Club Sponsor

Previos Exploring or Learning for Life experience

Health Explorer

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.

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.

Kathleen Smith 5/13/16

Signature of applicant

Robin Tyler 5/14/16

Signature of participating organization officer

Bill Jones 5/17/16

Signature of council executive or designee

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

Make sure you have all needed signatures on application.

Retain on file for three years.

524-010
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.
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.

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

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.

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

<table>
<thead>
<tr>
<th>First name (No initials or nicknames)</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Quality 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 Other

Driver's license No. State

Gender M F Social Security No. (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

E-mail 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.

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.

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 applicant Date

Signature of participating organization officer Date

Signature of council executive or designee Date

Participation fee $ Paid: Cash Check No. Credit card

LOCAL OFFICE COPY Retain on file for three years.

All questions must be answered. Write NONE if applicable.

1. Exploring background. Position Council Year

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last five years). City State

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

6. Additional information. Yes No (Mark each answer.)
   a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:
   b. Do you use illegal drugs or abuse alcohol? Explain:
   c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
   d. Has your driver's license ever been suspended or revoked? Explain:
   e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
   f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

524-010
LEARNING FOR LIFE ADULT APPLICATION

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

EXPRIE DATE / / TERM MONTHS

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

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

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Country  Mailing address  City  State  Zip code

U S

Home phone  -  -  -  -  -  -  -  -  Ext.  Cell phone

Date of birth (mm/dd/yyyy)  Ethnic background:

US

Business address  City  State  Zip code

Position Code  Post, club, or group position (description)

Previous Exploring or Learning for Life experience

Email address  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.

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.

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.

All questions must be answered. Write NONE if applicable.

1. Exploring background. Position  Council  Year

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last five years). City  State

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone (_____)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Telephone (_____)</td>
</tr>
<tr>
<td>Name</td>
<td>Telephone (_____)</td>
</tr>
</tbody>
</table>

6. Additional information. Yes  No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:

b. Do you use illegal drugs or abuse alcohol? Explain:

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:

d. Has your driver’s license ever been suspended or revoked? Explain:

e. Have you ever been investigated for accused of, or charged with abuse or neglect of a minor child? Explain:

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

Signature of applicant  Date  Signature of participating organization officer  Date  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

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EXPRIE DATE / / TERM MONTHS

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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

Quality 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

Gender M F Social Security No. (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 @

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Signature of applicant Date

Signature of participating organization officer Date

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.

1. Exploring background, Position Council Year

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last five years), City State

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.

Name Telephone ( ) Name Telephone ( )

Name Telephone ( )

6. Additional information. Yes No

a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:

b. Do you use illegal drugs or abuse alcohol? Explain:

c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:

d. Has your driver's license ever been suspended or revoked? Explain:

e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:

f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?
LEARNING FOR LIFE ADULT APPLICATION

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EXPRIE DATE / / TERM MONTHS

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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
--- | --- | --- | ---

Country | Mailing address | City | State | Zip code
--- | --- | --- | --- | ---
US |  |  |  | 

Home phone | Business phone | Ext. | Cell phone
--- | --- | --- | ---

Date of birth (mm/dd/yyyy) | Ethnic background:
--- | ---

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

Driver’s license No. | State
--- | ---

Gender | Social Security No. (required)
--- | ---
M | F

Occupation | Employer
--- | ---

Position Code | Post, club, or group position (description)
--- | ---

Previous Exploring or Learning for Life experience

Email address (Select one) | Work | Home
--- | --- | ---

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.

Signature of applicant | Date
--- | ---

Signature of participating organization officer | Date

Signature of council executive or designee | Date

Participation fee $ | Paid: | Cash | Check No. | Credit card
--- | --- | --- | --- | ---