

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

- 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.
- 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.

Partio	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.



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.



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:

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LEARNING FOR LIFE ADULT APPLICATION The information obtained in this form is for the All questions must be answered. Write NONE if applicable. O Explorer Post internal use of Learning for Life only. 1. Exploring background. O New leader O Explorer Club Position Year C) Former leader O Learning for Life EXPIRE DATE **MONTHS** OR council/district position 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. 2. Experience working with youth in other O Post organizations. Please provide contact information District name Transfer from Multiple from O Council no. O Club O Group Please print one letter in each space—press hard; you are making three copies. 3. Previous residences (for last five years). State First name (No initials or nicknames) Middle name Suffix Last name Εl Ε IAIN Ε Current memberships (religious, community, business, labor, or professional organizations). Print-do not use cursive. Print one letter or number only in each box. Qualify for 28-573 (Criminal Background Exemption): Fill in radio buttons completely Use uppercase letters and stay within the 5. References. Please list those who are familiar with blue boxes for legibility. Country Mailing address State Zip code your character. References may be checked. 0 W 2|3|4|5 3 Telephone (Name Telephone (Home phone Business phone Ext. Cell phone 5 5 3 2 56 5 4 Telephone (Additional information. (Mark each answer.) Date of birth (mm/dd/yyyy) Driver's license No. Ethnic background State a. Have you ever been removed from \(\) Black/African American Native American Asian NY or asked to leave a leadership 2 5 8 6 9 position in an organization due to Mispanic/Latino Pacific Islander Other allegations regarding your personal conduct or behavior? Explain: Social Security No. (required) Gender Occupation **Employer** 3 3 Ε N b. Do you use illegal drugs or abuse alcohol? Explain: Country **Business address** Zip code WOR 7890 6 5 Ε c. Have you ever been arrested for a \(\) criminal offense (other than minor Previous Exploring or Learning for Life experience **Position Code** Post, club, or group position (description) traffic violations)? Explain: S Ε Explorer Club Sponsor Health Explorer d. Has your driver's license ever been Email address suspended or revoked? Explain: (Select one) \bigcirc e. Have you ever been investigated for, accused of, or charged with abuse or **Approval for Council and District Volunteers** I agree to comply with the rules and regulations of Learning for Life. We are unaware of anything contrary to the information stated in neglect of a minor child? Explain: I affirm that the information I have given on this form is true and this application. This application has been reviewed according to We are unaware of anything contrary to the information stated in correct. I have completed Youth Protection training and will follow the procedures, and this applicant meets the leadership qualifications of this application. This application has been reviewed according to LFL Youth Protection guidelines. Learning for Life. procedures and this applicant meets the leadership qualifications of Learning for Life. f. Are you aware of any reason 0.0not listed above that may call into question your suitability to Kathleen Smith 5/13/16 Robin Tyler 5/14/16 Bill Iones 5/17/16 supervise, quide, care for, and lead young people? Signature of applicant Signature of participating organization officer Date Signature of council executive or designee Make sure you have all needed signatures on application. 524-010

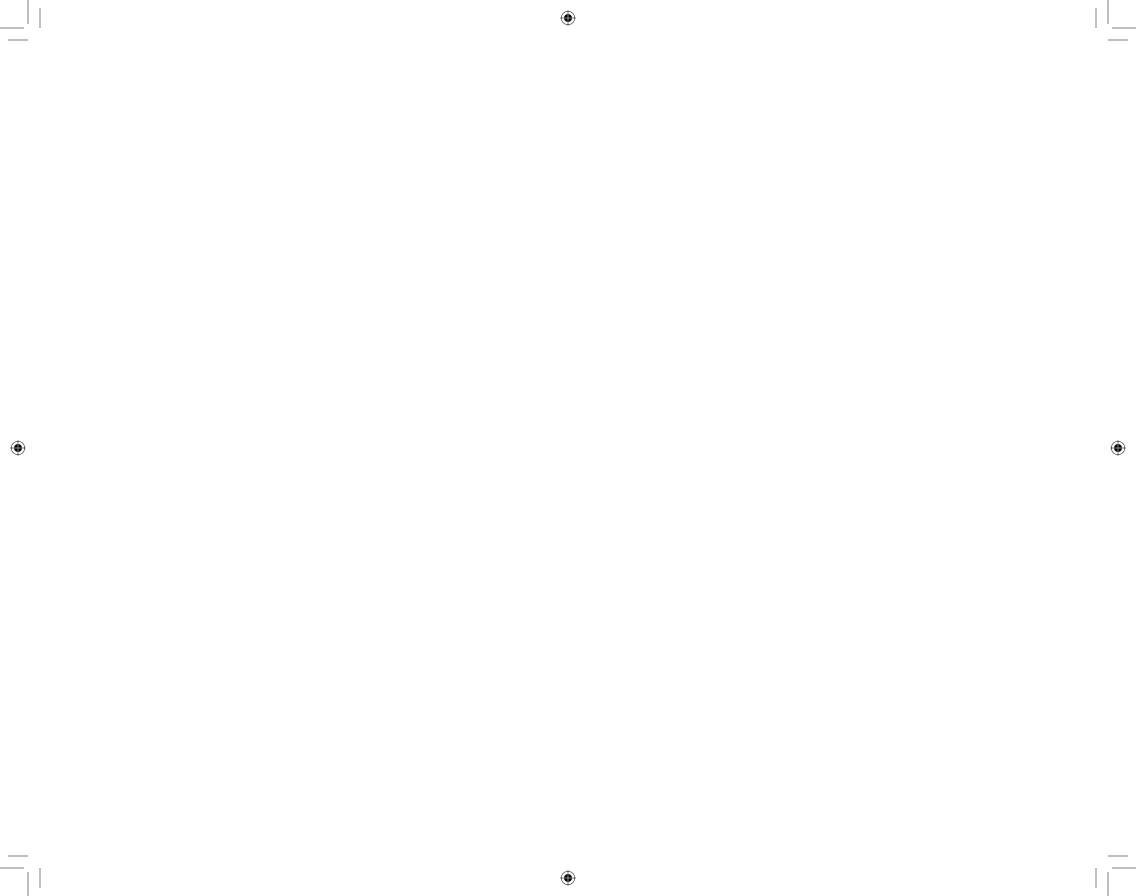


Retain on file for three years.

Credit card

Check No

Participation fee





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.		



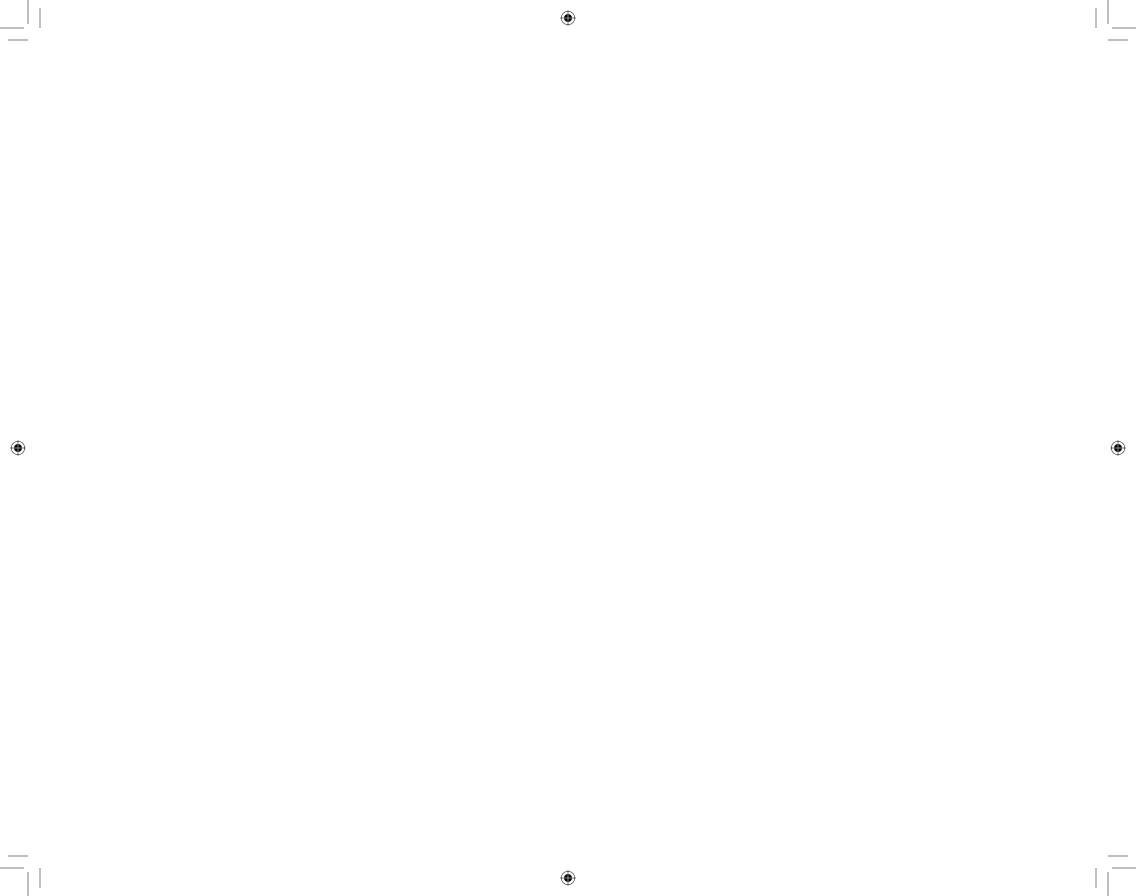






The information obtained in this form is for the internal use of Learning for Life only.	New leader	Explorer Post Explorer Club	No.		All questions must be answered. Write NONE if applicab 1. Exploring background. Position Council Year
EXPIRE DATE / TERM MONTHS	O Former leader	C Learning for Life	OR council/district posi	tion	
If applicant has an unexpired participant certificate, participation may be accomplished at no charge by tra Mark and attach a copy of the certificate.	insterring or multipling the	registration.			Experience working with youth in other
Transfer from O Multiple from O Council no.			District name		organizations. Please provide contact information
Please print one letter in each space—press hard; you are making three copies.	No.				Previous residences (for last five years).
First name (No initials or nicknames) Middle name	Last name			Suffix	City State
					Current memberships (religious, community, business, labor, or professional organizations).
Qualify for 28-573 (Criminal Background Exemption): O Yes O No (If yes, attach form.)					
Country Mailing address	City		State Zip	code	References. Please list those who are familiar wit your character. References may be checked.
US IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII					Name
Home phone Business phone	Ext.	Cell phone			Telephone () Name
					Telephone ()
Date of birth (mm/dd/yyyy) Ethnic background:	Driver's	license No.		State	(Mark each answer.)
Black/African American Native American Alaska Native Caucasian/White Hispanic/Latino Pacific Islander	Asian Other				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:
Gender Social Security No. (required) Occupation		Employer			Conduct of Benavior: Explain.
O M O F					b. Do you use illegal drugs or abuse O alcohol? Explain:
Country Business address	City		State Zip	code	
					c. Have you ever been arrested for a
Position Code Post, club, or group position (description)	Pre	vious Exploring or Learning for	Life experience		criminal offense (other than minor traffic violations)? Explain:
					d. Has your driver's license ever been \(\)
Email address Work (Select one) Home	@				suspended or revoked? Explain:
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 Vouth Protection training and will follow the Lorging for Life.	been reviewed according	to We are unaware or ons of this application. The	uncil and District Volunteer of anything contrary to the in his application has been revi nis applicant meets the leade	formation stated in ewed according to LFL	e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
Youth Protection guidelines. Learning for Life.		Learning for Life.	no apphoant meets the leade	romp quamications of	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	on officer	Date Signature of coun	cil executive or designee	Date	
Participation fee \$ Paid: Cash Check No	Credit card	LOCAL OFFI	CE COPY Reta	uin on file for three year	rs. 524-010

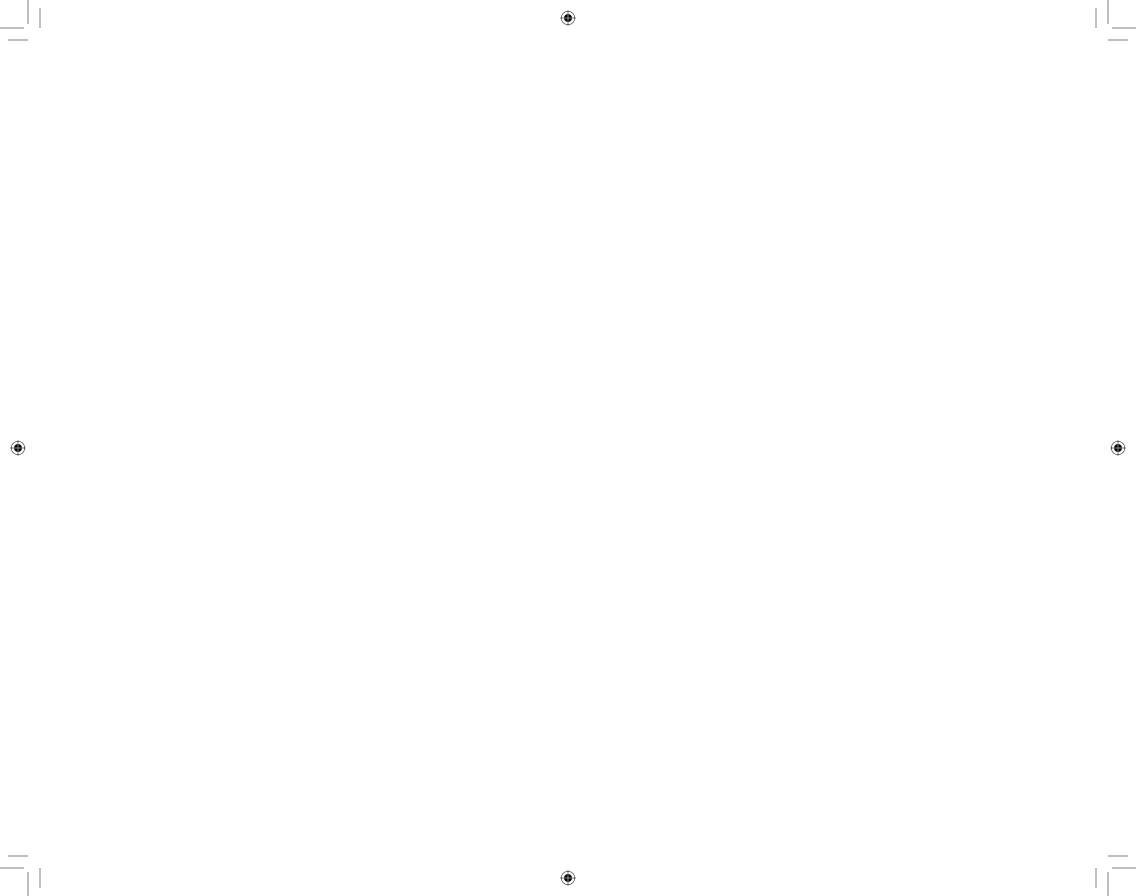






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O If applicant has an unexpired participant certificate, participation may be accomplished at no charge by Mark and attach a copy of the certificate. O Post Transfer from O Multiple from O Council no.	transferring or multipling the r		District name	Experience working with youth in other organizations. Please provide contact information.
Please print one letter in each space—press hard; you are making three copies.	No.		0.55	3. Previous residences (for last five years). City State
First name (No initials or nicknames) Middle name	Last name		Suffix	- State
				Current memberships (religious, community, business, labor, or professional organizations).
Qualify for 28-573 (Criminal Background Exemption): Yes No (If yes, attach form.)	City		Ctata Zin aada	5. References. Please list those who are familiar with
Country Mailing address	City		State Zip code	your character. References may be checked. Name
				Telephone ()Name
Home phone Business phone	Ext.	Cell phone		Telephone ()Name
	x			Telephone ()
Date of birth (mm/dd/yyyy) Ethnic background:	Driver's l	icense No.	State	6. Additional information. Yes No (Mark each answer.)
Black/African American Native American Alaska Native Caucasian/White Hispanic/Latino Pacific Islan	~ 1 1			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:
Gender Social Security No. (required) Occupation		Employer		
OM OF	0.7			b. Do you use illegal drugs or abuse O O alcohol? Explain:
Country Business address US S S S S S S S S S	City		State Zip code	
Position Code Post, club, or group position (description)	l l l l l Prev	rious Exploring or Learning for	Life experience	c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
Email address Wark				d. Has your driver's license ever been O
Email address Work (Select one) Home	@			suspended or revoked? Explain:
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Youth Protection guidelines. Learning for Life.		procedures and the Learning for Life.	is applicant meets the leadership qualificatio	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 organiz	ration officer	Date Signature of coun	cil executive or designee	Date
Participation fee \$ Paid: Cash Check No	Credit card PC	OST COMMITTEE/CLUB SPOR	NSOR/LFL REP COPY Retain on file for three	e years. 524-010

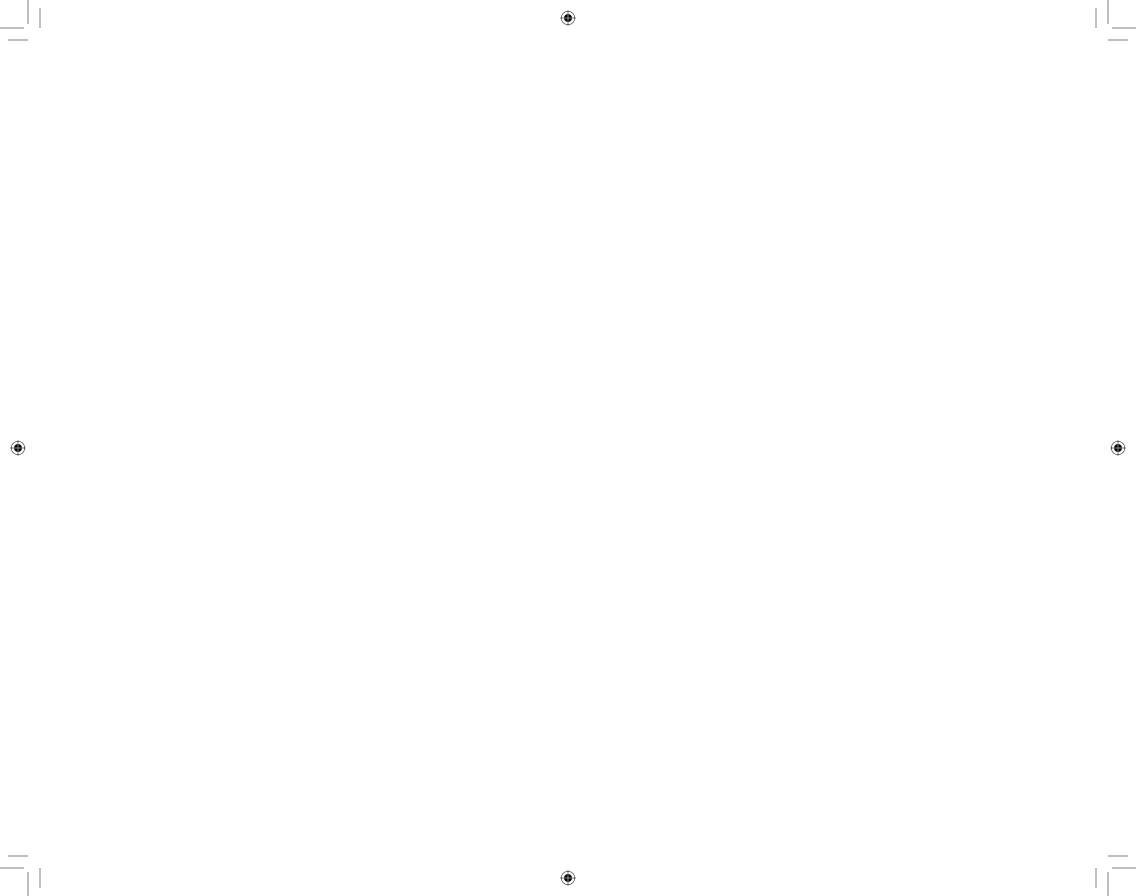






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					Current memberships (religious, community, business, labor, or professional organizations).
Qualify for 28-573 (Criminal Background Exemption): O Yes O No (If yes, attach form.)					
Country Mailing address	City		State Zip co	de	References. Please list those who are familiar with your character. References may be checked.
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Date of birth (mm/dd/yyyy) Ethnic background:	_	license No.		State	(Mark each answer.) a. Have you ever been removed from
Black/African American Native American Alaska Native Caucasian/White Hispanic/Latino Pacific Islande	Asian other				or asked to leave a leadership position in an organization due to
	<u> </u>				allegations regarding your personal conduct or behavior? Explain:
Gender Social Security No. (required) Occupation MOF		Employer			
	<u> </u>				b. Do you use illegal drugs or abuse \(\)
Country Business address	City		State Zip co	de	alcohol? Explain:
	D				c. Have you ever been arrested for a criminal offense (other than minor
Position Code Post, club, or group position (description)	Pre	vious Exploring or Learning for	Life experience		traffic violations)? Explain:
Email address O Work					d. Has your driver's license ever been O suspended or revoked? Explain:
(Select one) Home					
					e. Have you ever been investigated for,
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					not listed above that may call into question your suitability to
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Home phone Business phone	X Ext.	Cell phone		Name
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Date of birth (mm/dd/yyyy) Ethnic background:	_	license No.	Stat	e (Mark each answer.) a. Have you ever been removed from
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				b. Do you use illegal drugs or abuse
Country Business address	City		State Zip code	alcohol? Explain:
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Position Code Post, club, or group position (description)	Pre	vious Exploring or Learning for	Life experience	traffic violations)? Explain:
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