Please print one letter in each space.

LEARNING FOR LIFE AND EXPLORING ADULT APPLICATION

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

Preferred nickname:

Country | Mailing address | City | State | Zip code

Primary phone - - | Alternate phone - - X | Ext.

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 No. **(required)** - - | Occupation | Employer

Country | Business address | City | State | Zip code

Position Code | Position (description)

Email address **(Select one)** ◯ Work ◯ Home @

I hereby certify that:

1. I agree to comply with the rules and regulations of Learning for Life and Exploring, and the local council. INITIALS REQUIRED _____

Signature of applicant | Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief. INITIALS REQUIRED _____

◯ YPT completion certificate attached ◯ Background Check Authorization form attached ◯ Qualify for 28-573 (Criminal Background Exemption)

To be completed by unit

Careful review of the information provided on this application is a significant step in Learning for Life's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of executive officer or designee | Date

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of Scout executive or designee | Date

Unit Type: ◯ Post ◯ Club ◯ Multiple (Exploring only) ◯ New leader ◯ Former leader ◯ Exploring participant (EP)

If applicant has an unexpired LFL/Exploring membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

◯ Transfer application Enter membership number from unexpired certificate:

Transfer from council number: Unit type: ◯ Post ◯ Club Unit No.:

Unit No. | OR District name | Term: Months

Registration fee $ | PAID: ◯ Cash ◯ Check No. _____ ◯ Credit card

524-010

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 10 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. (Mark each answer.) 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? ◯ ◯