EXPLORING YOUTH APPLICATION

The Exploring Learning for Life career education program is for young men and women who are 14 (and have completed the eighth grade) or 15 through 20 years old.

Exploring's purpose is to provide experiences to help young people mature and become responsible and caring adults. Explorers are ready to explore the meaning of interdependence in their personal relationships.

Exploring is based on a unique and dynamic relationship between youth and the organizations in their communities. Local community organizations initiate a specific Explorer post by matching their people and program resources to the interests of young people in the community. The result is a program of activities that helps youth pursue their special interests, grow, and develop.

Explorer posts can specialize in a variety of career skills. Exploring programs are based upon five areas of emphasis: career opportunities, life skills, citizenship, character education, and leadership experience.

28-309
2008 Learning for Life

Tips for completing the Application for Exploring Youth Participant:

- ➢Print—do not use cursive.
- ➢Use black or dark blue ink.
- ➢Press firmly when printing.
- ➢Print one letter only in each box.
- ➢Use upper-case 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	

Participant Chart

Term per month	Youth/adult participant fee
1	.85
2	1.70
3	2.55
4	3.40
5	4.25
6	5.10
7	5.95
8	6.80
9	7.65
10	8.50
11	9.35
12	10.00

Cut along dotted line.

TEMPORARY PARTICIPANT CERTIFICATE
(Good for 60 days)
This certifies that

_____

is a member of _____

_____
Post leader signature

_____
Date

Exploring

YOUTH

USE BLACK OR BLUE INK ONLY.

Post number:

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

If a ertificate, participation may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

r from council number:

Unit number:

E-mail:

- Fill in radio buttons completely.

Name and address information **(Please print one letter in each space—press hard, you are making a copy.)**

First name **(No initials or nicknames)**: JOHN

Middle name: ANDREW

Last name: SMITH

Suffix:

Country: US

Mailing address: 1234 ANY STREET

City: ANYTOWN

State: NY

Zip code: 12345

Home phone: 555-123-4567

Date of birth (mm/dd/yyyy): 01/01/1995

Grade: 06

Ethnic background:
- ○ African American
- ● Native American
- ○ Alaska Native
- ○ Asian
- ○ Caucasian/White
- ○ Hispanic/Latino
- ○ Pacific Islander
- ○ Other

Gender: ○ Male ○ Female

School: OAK TREE ELEMENTARY

Parent/guardian information

○ Mark here if address is same as above.

○ Mark here if the parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: ○ Parent ○ Guardian ● Grandparent ○ Other (specify)

First name **(No initials or nicknames)**: DEBORAH

Middle name: SUE

Last name: SMITH

Suffix:

Country: US

Mailing address: 1234 ANY STREET

City: ANYTOWN

State: NY

Zip code: 12345

Home phone: 555-123-4567

Date of birth (mm/dd/yyyy): 01/01/1972

Occupation:

Employer:

Gender: ○ M ● F

Business phone: - -

Ext.: x

- Make sure you have all needed signatures on application.

Cell phone: -

Parent/guardian e-mail address: ANYPARENT@ANYE-MAILADDRESS.COM

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Deborah Sue Smith
Signature of parent/guardian

Bill Taylor
Signature of post leader

Date: /

Signature of Explorer

Registration fee $.

28-309

Retain on file for three years.

SAMPLE

This form is read by machine. Please print the numbers and letters as shown on the sample application.

YOUTH PARTICIPANT

Post number:

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

○ Transfer application Transfer from council number: Post number:

E-mail:

Name and address information **(Please print one letter in each space—press hard, you are making a copy.)**

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

Country Mailing address City State Zip code

US

Home phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background:

○ African American ○ Native American ○ Alaska Native ○ Asian

○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Parent/guardian information ○ Mark here if address is same as above.

○ Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

Select relationship: ○ Parent ○ Guardian ○ Grandparent ○ Other (specify)

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

Country Mailing address City State Zip code

US

Home phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: ○ M ○ F

Business phone - - X Ext. Previous Exploring experience Cell phone - -

Parent/guardian e-mail address

Signature of post leader Date / /

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of parent/guardian

Signature of Explorer

6001 Registration fee $.

LOCAL COUNCIL COPY

28-309

Retain on file for three years.