

# ADULT APPLICATION

For Learning for Life district and council committee participants and Exploring post or 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.exploring.org/training-safety](http://www.exploring.org/training-safety), 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.exploring.org/training-safety](http://www.exploring.org/training-safety).

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	2.75
2	5.50
3	8.25
4	11.00
5	13.75
6	16.50
7	19.25
8	22.00
9	24.75
10	27.50
11	30.25
12	33.00
13	35.75
14	38.50
15	41.25
16	44.00
17	46.75
18	49.50

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 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.

Transfer from  Multiple from  Council 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

KATHLEEN JANE SMITH

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

Country  Mailing address  City  State  Zip code

US 1234 ANY STREET ANYTOWN NY 12345

Home phone  -  -  Business phone  -  -  x  Ext.  Cell phone  -  -

555 - 123 - 4567 555 - 321 - 7654

Date of birth (mm/dd/yyyy)  /  /  Ethnic background:  Black/African American  Native American  Alaska Native  Asian  Caucasian/White  Hispanic/Latino  Pacific Islander  Other

01 / 01 / 1970 123456789 NY

Gender  M  F Social Security No. (required)  -  -  Occupation  Employer

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  @

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* 5/13/16 *Robin Tyler* 5/14/16 *Bill Jones* 5/17/16

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

• Make sure you have all needed signatures on application.

No.  OR council/district position

District name

All questions must be answered. Write NONE if applicable.

- Exploring background. Position  Council  Year
- Experience working with youth in other organizations. Please provide contact information.
- Previous residences (for last five years). City  State
- Current memberships (religious, community, business, labor, or professional organizations).
- References. Please list those who are familiar with your character. References may be checked. Name  Telephone
- Additional information. (Mark each answer.) Yes No
  - 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:
  - Do you use illegal drugs or abuse alcohol? Explain:
  - Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:
  - Has your driver's license ever been suspended or revoked? Explain:
  - Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:
  - 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?

Retain on file for three years.

# 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.

Transfer from  Multiple from  Council no.

- Post
- Club
- Group

- New leader
- Former leader

- Explorer Post
- Explorer Club
- Learning for Life

No.

OR council/district position

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

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 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

@

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.

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.

524-010

All questions must be answered. Write NONE if applicable.

1. Exploring background.
 

Position	Council	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Experience working with youth in other organizations. Please provide contact information.
3. Previous residences (for last five years).
 

City	State
<input type="text"/>	<input type="text"/>
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 <input type="text"/>	Yes <input type="radio"/>	No <input type="radio"/>
Telephone <input type="text"/>		
Name <input type="text"/>		
Telephone <input type="text"/>		
Name <input type="text"/>		
Telephone <input type="text"/>		
6. Additional information. (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?

## ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

### Additional Disclosures

*The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.*

**Minnesota:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

**New York:** Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Boy Scouts of America, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at [MembershipStandards@scouting.org](mailto:MembershipStandards@scouting.org).

### Authorization

(Please print)

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

List any other names used (nickname, maiden/married last names): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Unit Type and Number: \_\_\_\_\_

To the extent permitted by applicable law, I hereby consent to and authorize the Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency (“CRA”) or from an investigative consumer reporting agency (“ICRA”), as described in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)** (each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company’s current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

**For California, Minnesota, or Oklahoma individuals:** If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **BACKGROUND CHECK DISCLOSURE**

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).

**CALIFORNIA**  
**STATE LAW DISCLOSURES**  
**(Non-Credit)**

Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Boy Scouts of America and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in connection with your status as a volunteer (i.e., for employment purposes under California law). The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, references, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004. Information regarding First Advantage’s privacy practices can be found at <https://fadv.com/privacy-policy/>.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.