

LEARNING FOR LIFE ADULT APPLICATION

OVER 18 YEARS OLD

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

Fill out completely

- New leader
- Former leader
- Exploring Post
- Explorer Club
- Learning for Life

No. **1925** OR

Council/district position _____
 District name _____

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. _____ No. _____
 Please print one letter in each space—press hard; you are making three copies.
 First name (No initials or nicknames) **JOHN** Middle name **Q** Last name **DOE** Suffix **Jr.**

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

Country **US** Mailing address **123 YOUR STREET** City **YOUR CITY** State **TX** Zip code **75112**

Home phone **YOUR NUMBER** 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 _____
 Driver's license No. _____ State _____

Gender M F Social Security number (required) _____ Occupation **(STUDENT IF STILL IN SCHOOL)** Employer **A SCHOOL NAME**

Country **US** Business address **(N/A I.E. NO BUSINESS)** City **N/A BUSINESS 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.

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 **SIGN HERE** Date _____ Signature of participating organization officer _____ Date _____ Signature of council executive or designee **LEAVE BLANK** Date _____

Participation fee \$ _____ Paid: Cash Check No. _____ Credit card LOCAL OFFICE COPY Retain on file for three years. 524-010