

# EXPLORING YOUTH APPLICATION

# Exploring<sup>®</sup>

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.



**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 \_\_\_\_\_

**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.

- Fill in radio buttons completely.

Print one letter in each space—press hard, you are making a copy.

**Name:** Middle name: A N D R E W Last name: S M I T H Suffix: \_\_\_\_\_

**Address:** \_\_\_\_\_ City: A N Y T O W N State: N Y Zip code: 1 2 3 4 5

**Home phone:** 5 5 5 - 1 2 3 - 4 5 6 7 **Date of birth (mm/dd/yyyy):** 0 1 / 0 1 / 1 9 9 5 **Grade:** 0 6

**School:** O A K T R E E E L E M E N T A R Y

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

**Gender:**  Male  Female

**Parent/guardian information**

Select relationship:  Parent  Guardian  Grandparent  Other (specify) \_\_\_\_\_

**Parent/guardian name:** First name (No initials or nicknames): D E B O R A H Middle name: S U E Last name: S M I T H Suffix: \_\_\_\_\_

**Parent/guardian address:** Country: U S Mailing address: 1 2 3 4 A N Y S T R E E T City: A N Y T O W N State: N Y Zip code: 1 2 3 4 5

**Parent/guardian contact info:** Home phone: 5 5 5 - 1 2 3 - 4 5 6 7 Date of birth (mm/dd/yyyy): 0 1 / 0 1 / 1 9 7 2 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Gender:  M  F  
 Business phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Previous Scouting experience: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Parent/guardian e-mail address:** \_\_\_\_\_

• Make sure you have all needed signatures on application.

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 post leader: *Bill Taylor*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of parent/guardian: *Deborah Sue Smith*

Signature of Explorer: \_\_\_\_\_

Registration fee \$ \_\_\_\_ . \_\_\_\_

**YOUTH PARTICIPANT**

Post number:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Date of birth (mm/dd/yyyy)	Grade	Ethnic background:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="radio"/> African American <input type="radio"/> Native American <input type="radio"/> Alaska Native <input type="radio"/> Asian <input type="radio"/> Caucasian/White <input type="radio"/> Hispanic/Latino <input type="radio"/> Pacific Islander <input type="radio"/> Other

School	Gender:
<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

Parent/guardian information

Select relationship:   
 Parent   
 Guardian   
 Grandparent   
Other (specify)

First name (No initials or nicknames)	Middle name	Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Mailing address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F

Business phone	Ext.	Previous Exploring experience	Cell phone
<input type="text"/> - <input type="text"/> - <input type="text"/>	X <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Parent/guardian e-mail address  @

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of post leader	Date

Registration fee \$  .

6002

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

LOCAL COUNCIL COPY

524-309 Retain on file for three years.



# YOUTH PARTICIPANT

Post number:

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

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

School

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

Gender:  Male  Female

Parent/guardian information

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

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

Registration fee \$  .

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

UNIT COPY

Retain on file for three years. 524-309

