

# 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.





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

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

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

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

Parent/guardian e-mail address

/  /  Date

Signature of post leader  
6001      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

LOCAL COUNCIL COPY

Retain on file for three years. 28-309





