EXPLORING
YOUTH APPLICATION

Real-World Career Experiences
Exploring®

The Exploring Learning for Life career education program is for young men and women who are at least 14 (and have completed the eighth grade) and not yet 21 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.

LEARNING FOR LIFE®
PreK-12 Programs Career Exploring

524-309
2012 Printing

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	1.25
2	2.50
3	3.75
4	5.00
5	6.25
6	7.50
7	8.75
8	10.00
9	11.25
10	12.50
11	13.75
12	15.00
13	16.25
14	17.50
15	18.75
16	20.00
17	21.25
18	22.50

Cut along dotted line.

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

_____

is a member of _____

_____
Post leader signature

_____
Date

Real-World Career Experiences Exploring®

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.

Na **…nt one letter in each space—press hard, you are making a copy.)**

Fir… | K A T H L E E N | Middle name: J A N E | Last name: S M I T H | Suffix

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 | N Y | 1 2 3 4 5

- Fill in radio buttons completely.

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: 1 0

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

School: O A K T R E E H I G H S C H O O L

Gender: ○ Male ○ Female

Email address: @

Parent/guardian information

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

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

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

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: - - x | Ext. | Previous Scouting experience | Cellphone: -

Parent/guardian email 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).

Bill Taylor
Signature of post leader

Date: / /

Deborah Sue Smith
Signature of parent/guardian

Signature of Explorer

Participation fee $. Paid: ☐ Cash ☐ Check No. _____ ☐ Credit card

524-309

Retain on file for three years.

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 No.:

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

US

Phone Date of birth (mm/dd/yyyy) Grade

Ethnic background:

○ Black/African American ○ Native American ○ Alaska Native ○ Asian
○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address

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

US

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

Business phone Ext. Previous Exploring experience Cellphone

Parent/guardian email address

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 Date

Signature of parent/guardian

Participation fee $ Paid: Cash Check No. _____ Credit card

Signature of Explorer

LOCAL COUNCIL COPY

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Retain on file for three years.