LEARNING FOR LIFE®
PreK-12 Programs Career Exploring

Real-World Career Experiences
Exploring®

## Mission Statement

**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.**

# ADULT APPLICATION

**For Learning for Life district and council committee participants and Exploring adult leaders.**

**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.learningforlife.org, 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.

524-312
2012 Printing

**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 Leader Applicants

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 Adult Application. Keep the applicant copy, and give the rest to the post committee chairman with the proper fees.
3. The post committee chairman should review the completed Disclosure/Authorization and Learning for Life Adult Application forms, then secure approvals.
4. The post committee chairman keeps the post committee copy, gives the post organization copy to the proper representative, and forwards the local office copy and the Disclosure/Authorization form to the local Learning for Life office for approval and processing.

### Learning for Life Committee Applicants

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. Keep the applicant copy, and send the remaining three copies to the local Learning for Life office for approval and processing.

**Fee Chart**

| Months | 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 |

**Position Codes**

| | |
|---|---|
| PCC | Post Committee Chairman |
| 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 |

**Tips for Completing the Learning for Life Adult Application**

✓ 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 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

## INSTRUCTIONS:

**Please read the Authorization and Disclosure Statement on the back of this page. In the space provided at the bottom of the statement, fill in the spaces for your name, signature, and date to acknowledge your review of the form.**

**This Authorization and Disclosure Statement and the Learning for Life Adult Application must be signed and turned in together to complete the application process.**

## Disclosure/Authorization Form

### NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, Learning for Life will procure consumer reports on you in connection with your application to serve as a volunteer, and Learning for Life may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. Learning for Life has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005, or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources. **The consumer reports will not include credit record checks or motor vehicle record checks.**

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

### APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize Learning for Life and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with Learning for Life. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if Learning for Life chooses not to accept my application or to revoke my participation based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

### ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS

#### California

Under California law, the consumer reports described above that Learning for Life will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis's offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

#### For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

☐ I request a free copy of any report procured on me.

#### New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with Learning for Life. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

**My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.**

First name **(No initials or nicknames) Please print.** | Middle name | Last name | Suffix

Signature of applicant | Date | Unit No.

# LEARNING FOR LIFE ADULT APPLICATION

524-312A

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

EXPIRE DATE ___ / ___ / ___ TERM ___ MONTHS ◯ New leader ◯ Former leader

Post No. ___ OR Council/district position ___ District name ___

◯ 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 from: Council No.: ___ Post 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

Qualify for 28-573: ◯ Yes ◯ No (If yes, attach form.)

Country: US Mailing address City State Zip code

Home phone - - Business phone - - X Ext. Cellphone - -

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 Employer

Country: US Business address City State Zip code

Position code Post position (description) Previous Exploring 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.

Signature of applicant Date

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.

Signature of participating organization officer Date

**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 council executive or designee Date

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

PRINT

Submit by Email

Retain on file for three years. 524-312