

EXPLORING YOUTH APPLICATION

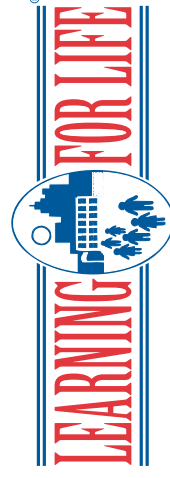
Exploring[®]

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

TEMPORARY PARTICIPANT CERTIFICATE
(Good for 60 days)

This certifies that

is a member of

Post leader signature

Date



Cut along dotted line.

YOUTH

- 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.

USE BLACK OR BLUE INK ONLY.

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

Country: U S 1 2 3 4 A N Y S T R E E T
 Home phone: 5 5 5 - 1 2 3 - 4 5 6 7
 Date of birth: 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
 Last name: S M I T H
 City: A N Y T O W N
 State: N Y
 Zip code: 1 2 3 4 5
 Suffix:

Fill in radio buttons completely.

- 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
 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
 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: 0 1 / 0 1 / 1 9 7 2
 Occupation: _____
 Business phone: _____
 Ext.: _____
 Previous Scouting experience: _____
 Cell phone: _____
 Employer: _____
 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:

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

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: <input type="radio"/> M <input type="radio"/> F
Business phone	Ext. <input checked="" type="checkbox"/>	Previous Exploring experience	Cell phone	
Parent/guardian e-mail 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
Registration fee \$	Signature of parent/guardian
	Signature of Explorer