



**It is the mission of Learning for Life to enable young people to become responsible individuals by teaching positive character traits, career development, leadership, and life skills so they can make ethical choices and achieve their full potential.**

# ADULT APPLICATION

**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 expected to complete Youth Protection training. It is available online on the Web site [www.learningforlife.org](http://www.learningforlife.org), and each local office provides training to leaders on a regular basis throughout the year. As a volunteer, you are expected to complete the training within 90 days of assuming a leadership position.

**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	0.85
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

### 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	
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**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 ChoicePoint, a consumer reporting agency, to provide the consumer reports. ChoicePoint may be contacted by mail at ChoicePoint, 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 ChoicePoint 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 ChoicePoint 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 ChoicePoint 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 membership 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, ChoicePoint.

## 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 ChoicePoint, 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 ChoicePoint'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. ChoicePoint 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 request, 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

# LEARNING FOR LIFE ADULT APPLICATION

524-312 This form is read by machine. Please print the numbers and letters as shown:

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I

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

Post No.

OR

Council/district position

District name

EXPIRE DATE  /  /

TERM  MONTHS  New leader  Former leader

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

Have you completed Youth Protection training?  Yes  No

Country

Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

- 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

Business address

City

State

Zip code

Position code

Post position (description)

E-mail address (Select one)  Work  Home

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 applicant

Date

Signature of participating organization officer

Date



# LEARNING FOR LIFE ADULT APPLICATION

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Post No.

OR

Council/district position

District name

EXPIRE DATE  /  /

TERM  MONTHS  New leader  Former leader

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

Have you completed Youth Protection training?  Yes  No

Country  Mailing address

City

State

Zip code

Home phone  -  -

Business phone  -  -  X

Ext.

Cell phone  -  -

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

Ethnic background:  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  Business address

City

State

Zip code

Position code  Post position (description)

E-mail address (Select one)  Work  Home  @

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 applicant

Date

Signature of participating organization officer

Date

Registration fee \$  .

POST COMMITTEE COPY

Retain on file for three years.

524-312



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OR

Council/district position

District name

EXPIRE DATE  /  /

TERM  MONTHS  New leader  Former leader

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

Have you completed Youth Protection training?  Yes  No

Country

Mailing address

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

- 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

Business address

City

State

Zip code

Position code

Post position (description)

E-mail address

(Select one)

Work

Home

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 applicant

Date

Signature of participating organization officer

Date

Registration fee \$  .

POST ORGANIZATION COPY

Retain on file for three years.

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524-312

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

Post No.

OR

Council/district position

District name

EXPIRE DATE  /  /

TERM  MONTHS  New leader  Former leader

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

Have you completed Youth Protection training?  Yes  No

Country

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City

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Home phone

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Ethnic background:

- 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

Business address

City

State

Zip code

Position code

Post position (description)

E-mail address  Work  Home  
(Select one)

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 applicant

Date

Signature of participating organization officer

Date

Registration fee \$  .

APPLICANT COPY

Retain on file for three years.

524-312

