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

LOCAL OFFICE COPY

Retain on file for three years.

524-312