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.
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.

First name: JOHN
Middle name: ANDREW
Last name: SMITH

Country: US
Mailing address: 1234 ANY STREET
City: ANY TOWN
State: NY
Zip code: 12345

Home phone: 555-123-4567
Date of birth (mm/dd/yyyy): 01/01/1995
Grade: 06

School: OAK TREE ELEMENTARY

Parent/guardian information:
Mark here if address is same as above.

Select relationship: Parent

First name: DEBORAH
Middle name: SUE
Last name: SMITH

Country: US
Mailing address: 1234 ANY STREET
City: ANY TOWN
State: NY
Zip code: 12345

Home phone: 555-123-4567
Date of birth (mm/dd/yyyy): 01/01/1972
Occupation: 
Employer: 
Gender: M

Parent/guardian e-mail address: ANY PARENT@ANY E-MAIL ADDRESS.COM

Use black or blue ink only.

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:
703 FIRST ST

Registration fee $  

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 parent/guardian: Deborah Sue Smith
Signature of Explorer: 
Signature of post leader: Bill Taylor

Retain on file for three years.
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.

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

Select relationship:

African American Caucasian/White Native American Alaska Native Asian

Caucasian/White Hispanic/Latino Pacific Islander Other

Gender: Male Female

Parent/guardian information

Mark here if address is same as above.

Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

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: Male Female

Business phone Ext. 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

Registration fee

Signature of parent/guardian

Signature of Explorer
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 number: 
- Post number: 
- E-mail: 

**Name and address information (Please print one letter in each space—press hard, you are making a copy.)**

<table>
<thead>
<tr>
<th>First name (No initials or nicknames)</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnic background:</th>
<th>African American</th>
<th>Native American</th>
<th>Alaska Native</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Native American</td>
<td>Alaska Native</td>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>Pacific Islander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
</tbody>
</table>

- School

- Select relationship: Parent, Guardian, Grandparent, Other (specify)

- Parent/Guardian Information
- Mark here if address is same as above.
- Parent/Guardian Information
- Mark here if the adult parent/guardian is not living at the same address; complete and attach a Learning for Life adult application.

<table>
<thead>
<tr>
<th>First name (No initials or nicknames)</th>
<th>Middle name</th>
<th>Last name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Mailing address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Date of birth (mm/dd/yyyy)</th>
<th>Occupation</th>
<th>Employer</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business phone</th>
<th>Ext.</th>
<th>Previous Exploring experience</th>
<th>Cell phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 parent/guardian

Signature of Explorer