

# EXPLORING YOUTH APPLICATION

# Exploring<sup>®</sup>

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

Cut along dotted line.

**TEMPORARY PARTICIPANT CERTIFICATE**

(Good for 60 days)  
This certifies that

is a member of

Post leader signature

Date



YOUTH

**USE BLACK OR BLUE INK ONLY.**

Post number:

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

Home phone: 5 5 5 - 1 2 3 - 4 5 6 7 / 0 1 / 0 1 / 1 9 9 5

School: O A K T R E E E L E M E N T A R Y

Grade: 0 6

Date of birth (mm/dd/yyyy): 0 1 / 0 1 / 1 9 9 5

City: A N Y T O W N

Mailing address: D E B O R A H S U E S M I T H

Country: U S

State: N Y

Zip code: 1 2 3 4 5

City: A N Y T O W N

State: N Y

Zip code: 1 2 3 4 5

City: A N Y T O W N

State: N Y

Zip code: 1 2 3 4 5

Ethnic background:  
 African American  
 Native American  
 Alaska Native  
 Other  
 Caucasian/White  
 Hispanic/Latino  
 Pacific Islander  
 Other

Gender:  
 Male  
 Female

Parent/guardian information

Select relationship:  
 Parent  
 Guardian  
 Grandparent  
 Other (specify)

First name (No initials or nicknames): D E B O R A H S U E S M I T H

Mailing address: U S 1 2 3 4 A N Y S T R E E T A N Y T O W N N Y 1 2 3 4 5

Home phone: 5 5 5 - 1 2 3 - 4 5 6 7 / 0 1 / 0 1 / 1 9 9 5

Business phone: - - - - - x - - - - -

Parent/guardian e-mail address:

Occupation:

Employer:

Cell phone:  -  -

Gender:  M  F

**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

Signature of parent/guardian: Deborah Sue Smith

Signature of Explorer:

Registration fee \$

Signature of Explorer

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

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
	/ /		
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	Date
Registration fee \$	
Signature of parent/guardian	Signature of Explorer

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

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## 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
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	Date
Registration fee \$	
Signature of parent/guardian	Signature of Explorer