



CLUBS: For young men and women in sixth, seventh, and eighth grades who have completed the fifth grade and are at least 10 years old but have not completed the eighth grade and are not yet 15 years old.

POSTS: For young men and women who are at least 14 (and have completed the eighth grade) or 15 years of age but not yet 21 years old.

YOUTH APPLICATION

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 or club 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/clubs 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 uppercase 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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Participant Chart	
Term per month	Youth/adult participant fee
1	2.00
2	4.00
3	6.00
4	8.00
5	10.00
6	12.00
7	14.00
8	16.00
9	18.00
10	20.00
11	22.00
12	24.00
13	26.00
14	28.00
15	30.00
16	32.00
17	34.00
18	36.00

Cut along dotted line.

TEMPORARY PARTICIPANT CERTIFICATE
(Good for 60 days)
This certifies that

is a member of _____

Post or club leader signature

Date

Explorer Club Exploring Real-World Career Experiences

YOUTH

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.

USE BLACK OR DARK BLUE INK ONLY.

Exploring Post Explorer Club Number:

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

First name: K A T H L E E N Middle name: J A N E Last name: S M I T H Suffix: _____

City: A N Y T O W N State: N Y Zip code: 1 2 3 4 5

Phone: 5 5 5 - 1 2 3 - 4 5 6 7 Date of birth (mm/dd/yyyy): 0 1 / 0 1 / 1 9 9 8 Grade: 1 0

School: O A K T R E E H I G H S C H O O L

Email/address (Post youth participant only): K A T H Y J S @ M Y M A I L . C O M

Parent/guardian information

Select relationship: Parent Guardian Grandparent Other (specify) _____

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 Suffix: _____

Country: U S Mailing address: 1 2 3 4 A N Y S T R E E T 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 (mm/dd/yyyy): 0 1 / 0 1 / 1 9 7 2 Occupation: V P O P E R A T I O N Employer: R G K I N T L Gender: F

Business phone: 5 5 5 - 7 6 5 - 4 3 2 1 Ext.: _____ Previous Exploring experience: F I R E E X P L O R E R Cell phone: 5 5 5 - 2 5 3 - 6 1 1 8

Parent/guardian email address: D E B O R A H . S M I T H @ _____

• Fill in radio buttons completely.

• Make sure you have all needed signatures on application.

Signature of post or club leader: Bill Taylor Date: 0 5 / 1 3 / 2 0 1 6

Signature of parent/guardian: Deborah Sue Smith

Signature of Explorer: Kathy Smith

Participation fee \$ Paid: Cash Check No. _____ Credit card

524-009 Retain on file for three years.

YOUTH PARTICIPANT

Exploring Post Explorer Club Number:

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application Transfer from council no.:

Exploring Post Explorer Club Number:

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

Phone Date of birth (mm/dd/yyyy) Grade Ethnic background:
 - - / / Black/African American Native American Alaska Native Asian
 Caucasian/White Hispanic/Latino Pacific Islander Other

School Gender: Male Female

Email address (Post youth participant only)
 @

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:
 - - / / M
 F

Business phone Ext. Previous Exploring experience Cell phone
 - - x - -

Parent/guardian email address
 @

/ /
Signature of post or club leader Date

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

Participation fee \$. Paid: Cash Check No. Credit card

LOCAL OFFICE COPY

Retain on file for three years. 524-009

YOUTH PARTICIPANT

Exploring Post Explorer Club Number:

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application Transfer from council no.:

Exploring Post Explorer Club Number:

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

Phone Date of birth (mm/dd/yyyy) Grade Ethnic background: Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

School Gender: Male Female

Email address (Post youth participant only)

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: M F

Business phone Ext. Previous Exploring experience Cell phone

Parent/guardian email address

Signature of post or club leader Date

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

Participation fee \$. Paid: Cash Check No. Credit card

POST OR CLUB COPY

Retain on file for three years. 524-009

YOUTH PARTICIPANT

Exploring Post Explorer Club Number:

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Transfer application Transfer from council no.:

Exploring Post Explorer Club Number:

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

Phone - - Date of birth (mm/dd/yyyy) / / Grade

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

School

Gender: Male Female

Email address (Post youth participant only) @

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:
 M
 F

Business phone - - Ext. Previous Exploring experience Cell phone - -

Parent/guardian email address @

/ /
Signature of post or club leader Date

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

Participation fee \$. Paid: Cash Check No. Credit card

EXPLORER COPY/RECEIPT 524-009 Retain on file for three years.