

# LEARNING FOR LIFE ADULT APPLICATION

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

EXPIRE DATE  /  /  TERM  MONTHS  COUNCIL/DISTRICT POSITION

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

Transfer from  Multiple from  Council no.

Exploring Post  Former leader  
 Explorer Club  Learning for Life  
 Post  No,

**Please print one letter in each space—press hard; you are making three copies.**

First name (No initials or nicknames) **KATHLEEN** Middle name **JANE** Last name **SMITH** Suffix

Quality for 28-573 (Criminal Background Exemption):  Yes  No **• Fill in radio buttons completely.**

Country **US** Mailing address **1234 ANY STREET** City **ANYTOWN** State **NY** Zip code **12345**

Home phone **555-123-4567** Business phone  -  -  Ext.  x

Cell phone **555-321-7654**

Date of birth (mm/dd/yyyy) **01/01/1970** Driver's license No. **123456789** State **NY**

Gender  M  F Social Security number (required) **111-22-3333** Occupation **EXEC ASSIST** Employer **THOMAS ENT**

Country **US** Business address **5678 ALEC DR** City **WORKTOWN** State **NY** Zip code **67890**

Position code **ES** Post, club, or group position (description) **Explorer Club Sponsor** Previous Exploring or Learning for Life experience **Health Explorer**

Email address (Select one)  Work  Home **KJSMITH** @ **THOMASENT.COM**

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.

**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 applicant **Kathleen Smith** Date **5/13/13** Signature of participating organization officer **Robin Tyler** Date **5/14/13** Signature of council executive or designee **Bill Jones** Date **5/17/13**

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

**• Make sure you have all needed signatures on application.**

**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 First Advantage, a consumer reporting agency, to provide the consumer reports. First Advantage may be contacted by mail at First Advantage, 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 First Advantage 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 First Advantage 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 First Advantage 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 participation 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, First Advantage.

## 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 First Advantage, 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 First Advantage'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. First Advantage 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 requested, 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

Unit No.

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**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 (Criminal Background Exemption):  Yes  No (if yes, attach form.)

Country Mailing address

US

City

State

Zip code

Home phone

Business phone

Ext.

Cell phone

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 Business address

US

City

State

Zip code

Position code

Post, club, or group position (description)

Email address (Select one)

Work  Home

Previous Exploring or Learning for Life experience

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.

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.

**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 applicant

Date

Signature of participating organization officer

Date

Signature of council executive or designee

Date

Participation fee \$

Paid:  Cash

Check No.

LOCAL OFFICE COPY

Retain on file for three years.

524-010