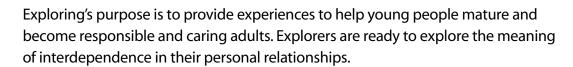
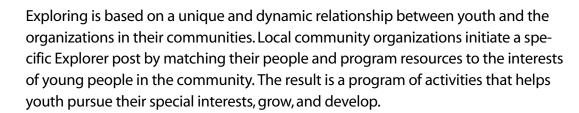


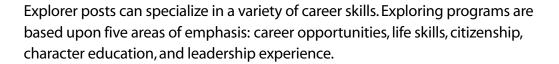
Application for Participation



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.

















Mission Statement

It is the mission of Learning for Life to enable young people to become responsible individuals by teaching positive character traits, career development, leadership, and life skills so they can make ethical choices and achieve their full potential.

Organization Certification

The executive officer of the participating organization, by signature, approves the post application. Prior to this, the executive officer must also approve all participating adults.

Group Participation

Posts are required to pay an annual participation cost of \$20. This cost shall be submitted with the post application for participation and will help defray the expenses for the general liability insurance program.

Explorer Post

Each post is required to have one committee chairman, two committee members, and an Advisor.

Age Requirement

All adults must be 21 years of age. Each Explorer post must list the correct Explorer post career interest code. These codes are used to sort Explorer posts into the proper career interest category, so that the Learning for Life Division can evaluate the programs being used by posts. Use Explorer Post Career Interests code list.

Special Needs Designation (if applicable)

Indicate primary special need by placing the special need in the special needs box (limit to one). The special needs categories are:

Developmental Mentally Retarded

Emotional Orthopedic

Hearing Visual

Learning Disabled

Learning for Life Explorer Post Application

Print one letter in each space—leave a space between words.

	uncil no.			Exploring
Org. Code	Full name of participa	iting organization		
District no.	District name			
Address of particip	nating organization			Special Needs
City			State Zip code	County
City			State Zipcode	
Executive officer: fi	rst name	Middle name	Last name	Date of birth Sex
Address				
City			State Zip code	Phone number
Effective date		Terms Expire date (months) (month and year)	Post number	
				Number
				Explorer (youth) fees \$
Special interest co	de	Special interest description		Adult fees \$
				Application for participation \$ 20.00
				Total cost \$
Signature of organ	ization head or designe	ee	L Signature (for the council)	



Learning for Life Explorer Post Application

Print one letter in each space—leave a space between words.

	cil no.					Explorin	
Org. Code	Full name of particip	ating organizatio	on IIIIII				
District no.	District name						
A.I.I	*					Considerate	
Address of participa	ting organization					Special Needs	
City					State Zip code	County	
Executive officer: firs	t name		Middle name		Last name	Date of birth	Sex
Lacedive officer.ins			Wilder Harrie				
Address							
City				State Zip o	code	Phone number	
Effective date		Terms (months)	Expire date (month and year)	Post numl	her		
		(montans)				Number	
						Explorer (youth) fees	\$
Special interest code Special interest description						- Adult fees	\$
						Application for participation	\$ 20.00
						Total cost	\$
Signature of organiz	ration head or design	100		Signature (for the co	nuncil)		

