

# Explorer Club

## For Sixth-, Seventh-, and Eighth-Graders

The Explorer Club Learning for Life career education program is for young men and women who are in the sixth, seventh, and eighth grades. For those individuals who are 15 years old or older, please review the guidelines/website for joining Exploring Posts.

The Explorer Club's purpose is to provide experiences to help young people learn about different careers.

# Real-World Career Experiences Exploring®

The Exploring Learning for Life career education program is for young men and women who are at least 14 (and have completed the eighth grade) and not yet 21 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.

## 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:

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Participant Chart	
Term per month	Youth/adult participant fee
1	1.25
2	2.50
3	3.75
4	5.00
5	6.25
6	7.50
7	8.75
8	10.00
9	11.25
10	12.50
11	13.75
12	15.00
13	16.25
14	17.50
15	18.75
16	20.00
17	21.25
18	22.50

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.)

Name: First KATHLEEN    
 Middle name JANE    
 Last name SMITH    
 Suffix \_\_\_\_\_

City ANYTOWN    
 State NY    
 Zip code 12345

Phone 555-123-4567    
 Date of birth (mm/dd/yyyy) 01 / 01 / 1998    
 Grade 10

School OAK TREE HIGH SCHOOL

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

Gender:  Male      Female

Email/address (Post youth participant only) KATHYJS@MYMAIL.COM

Parent/guardian information   
 Select relationship:      Parent      Guardian      Grandparent      Other (specify) \_\_\_\_\_

Parent/guardian Name: First name (No initials or nicknames) DEBORAH    
 Middle name SUE    
 Last name SMITH    
 Suffix \_\_\_\_\_

Country US    
 Mailing address 1234 ANYSTREET    
 City ANYTOWN    
 State NY    
 Zip code 12345

Home phone 555-123-4567    
 Date of birth (mm/dd/yyyy) 01 / 01 / 1972    
 Occupation VP OPERATION    
 Employer RGK INTL

Business phone 555-765-4321 x       
 Ext.       
 Previous Exploring experience FIRE EXPLORER    
 Cell phone 555-253-6118

Parent/guardian email address DEBORAH.SMITH@          

• Make sure you have all needed signatures on application.

*Bill Taylor*

05 / 13 / 2013

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).

*Deborah Sue Smith*

*Kathy Smith*

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

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 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Mailing address	City	State	Zip code
<input type="text"/> US	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Date of birth (mm/dd/yyyy)	Grade
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

Ethnic background:

<input type="radio"/> Black/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

Gender:  Male  Female

School
<input type="text"/>

Email address (Post youth participant only)
<input type="text"/> @ <input type="text"/>

Parent/guardian information

Select relationship:  Parent  Guardian  Grandparent  Other (specify)

First name (No initials or nicknames)	Middle name	Last name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country	Mailing address	City	State	Zip code
<input type="text"/> US	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home phone	Date of birth (mm/dd/yyyy)	Occupation	Employer	Gender:
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M
				<input type="radio"/> F

Business phone	Ext.	Previous Exploring experience	Cell phone
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> X <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Parent/guardian email address
<input type="text"/> @ <input type="text"/>

Signature of post or club leader	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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
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Signature of Explorer
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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 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 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  
US

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

Gender:  Male  Female

School

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  
US

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

EXPLORER COPY/RECEIPT

Retain on file for three years. 524-009

