



ANNUAL MEMORANDUM OF UNDERSTANDING

_____ has read and understands the following conditions for participating in the Exploring Program operated and maintained by Learning for Life, a District of Columbia non profit corporation ("Learning for Life"), and desires to enter into this agreement regarding its participating in the Exploring Program. The responsibilities of the organization include:

- Screening and selecting at least four adults, including committee chairman, two committee members, and an Advisor who will work directly with the post officers.
All participating adults are required to complete Learning for Life Youth Protection Training.
Providing adequate facilities for the Explorer post to meet on a regular schedule with time and place reserved.
Participating in an initial program orientation session.
Participating in at least one evaluation with Learning for Life representatives each year.

The Exploring Program is part of Learning for Life's education resource program. Learning for Life provides the support service necessary to help the participating organizations succeed in their use of the program.

These services include year-round training techniques and methods for selecting quality leaders, program resources, and primary liability insurance to cover the participating organization, its board, officers, and employees against all personal liability judgements arising from official Exploring Program activities.

This Annual Memorandum of Understanding shall remain in effect for one year from this date. Either organization may discontinue the program at any time upon written notice to the other organization.

Date: _____

Signature of organization head or designee

Signature of Learning for Life Representative

(Print Name)

(Print Name)

(A copy of all Youth Protection Training certificates must be attached to this signed document)

Exploring

NATIONAL EXPLORING EXCELLENCE AWARD

Post No. _____ Participating Organization _____

City _____ State _____ Renewal Month _____

Council _____ Council No. _____

Mark yes (Y) or no (N) in the box for each item. Post must achieve eight of the eleven objectives to qualify as a national Exploring Excellence Post. The five starred (*) items are required, plus three additional items = eight in total.

- | | Past Year | Coming Year | |
|-----|--------------------------|--------------------------|---|
| *1. | <input type="checkbox"/> | <input type="checkbox"/> | Memorandum of Understanding. The Exploring Annual Memorandum of Understanding will be completed with the head of the organization as part of a yearly evaluation meeting. |
| *2. | <input type="checkbox"/> | <input type="checkbox"/> | Trained Leadership. All adults are approved by the head of the organization on a signed roster. The Advisor will complete basic training. There will be one or more associate Advisors trained and active. (Two-deep adult leadership is required for activities) Coed posts will have men and women as Advisors and/or associate Advisors. One adult will be assigned the responsibility of following the Safety First Guidelines, including Youth Protection and Outing Permits. |
| *3. | <input type="checkbox"/> | <input type="checkbox"/> | Youth Officers. The post will elect officers and the Advisor or associate Advisor will conduct a post officers' seminar. The officers will meet a minimum of three times a year. |
| *4. | <input type="checkbox"/> | <input type="checkbox"/> | Superactivity. The post will conduct an annual superactivity, which is a major trip, activity, or project requiring advance planning and promotion. |
| *5. | <input type="checkbox"/> | <input type="checkbox"/> | Post Program. The post will conduct a minimum of two meetings or activities each month. The planned program will utilize all five areas of program emphasis and is organized with youth input. A yearly program calendar is distributed. Post activities have youth chairs and adult consultants assigned. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Service Project. We will conduct an annual service project, preferably for the participating organization or the community. Number of hours of community service performed by youth participants last year: _____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Firstnighter. The post will conduct an annual firstnighter or other effort to recruit more youth. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Participation. We will renew our program with an equal or greater number of youth over a year ago. |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Post Committee. An active post committee of at least three volunteers must meet a minimum of four times a year. |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | On-Time Renewal. The post will complete its renewal before its current program expires. |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Value-Added Services. Complete any three: a. Participate in at least one council or district Exploring event. b. Our Explorers will be exposed to the Career Achievement Award. c. Conduct at least two sessions of the Leadership Workshop Series. d. Conduct at least two character education activities during post meetings. e. The post will have youth and adult representation at the council's Exploring meeting(s). f. The post will promote and have attendance at at least one council Exploring program. |

Date

Post Advisor

Learning for Life Representative

Learning for Life

Pre K-12 Programs Student Success



Learning for Life

School Name: _____

Unit Number: _____

Unit Contact: _____

Students Enrolled in School _____

Students Enrolled in Program _____

Post Group

Please indicate if demographics listed are based on Program Enrollment or School Population.
 Program Enrollment School Enrollment

Grade Level of Students Served:

K-5th Grade 6-8 9-12

Gender:

Male

Female

Number % of Total

Number % of Total

Ethnicity:

Number % of Total

American Indian/Alaskan Native

Asian

Black/African American

Hispanic/Latino

Multi-racial

Native Hawaiian/ Pacific Islander

White

Other

***Free or Reduced Lunch Participation.**

Number % of Total

Please complete Zip Code Information on reverse side.

**Now required for United Way reporting and funding.*



CRIMINAL BACKGROUND CHECK

Learning for Life requires criminal background checks for all adults involved with the Exploring program. However, local, state, or federal governmental agencies which require background checks as a condition of employment will meet the requirements by using Form #28-573. This form certifies that a background check has already been completed for this individual.

The cost for criminal background checks for Exploring adults will be the responsibility of the national Learning for Life office.



CRIMINAL BACKGROUND CHECK EXEMPTION

FORM #28-573

Social Security numbers are not required from employees of governmental agencies if criminal background checks have previously been made as a condition of employment.

(Please print)

Applicant's Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

I certify that the person listed above has had a criminal background check and is qualified to serve as an adult participant in Exploring.

Participating Organization Head: _____

Title: _____

Participating Organization: _____

Signature: _____ *Date:* _____

This form must accompany the applicant's Exploring Adult Application.



Learning for Life's Youth Protection Training Policies

Youth safety is the No. 1 concern of Learning for Life.

To increase awareness of the societal problem of child abuse, including sexual abuse, and to create even greater barriers to child abuse than currently exist, Learning for Life is implementing several important changes to further enhance its Youth Protection policies.

Effective June 1, 2010:

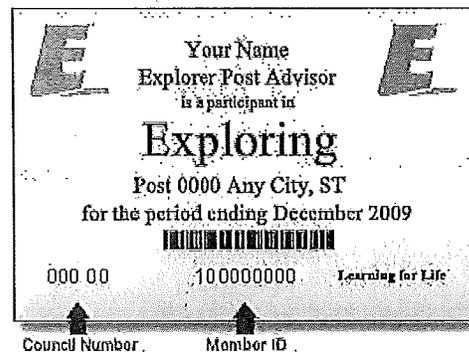
Youth Protection Training is required for all volunteers in curriculum based Learning for Life and registered Exploring adult leaders.

Youth Protection Training must be taken every two years and prior to beginning curriculum based programs and meetings with youth.

Because there is a unique difference between Learning for Life programs in worksite based Exploring and in the curriculum based programs, we have established tailored training procedures.

Exploring leaders

1. **Current Exploring leaders who have not completed Youth Protection Training are required to take the training immediately.** If you have not taken Youth Protection Training within the past two years, please log on to www.learningforlife.org and Explorer Leader Training. You will need an E-mail account for your password security. Be sure to have your Exploring member ID number. The number can be found on your Exploring membership card. (The training takes approximately 25 minutes.) If you do not know your member ID number, contact your local Learning for Life office for assistance.
2. **New Exploring leaders are required to take Youth Protection Training before submitting an application for registration.** If you are a new Exploring leader and do not have an Exploring member ID number, please log on to www.learningforlife.org and Explorer Leader Training. You will need an E-mail account for your password security. If you need assistance, please contact your local Learning for Life office. Please print the completion certificate at the end and submit one copy with your Exploring Adult Application.
3. After you have taken Youth Protection Training online, your record will be updated automatically. You are encouraged to print the certificate provided and keep it in your files as proof of completion.



LEARNING FOR LIFE ADULT APPLICATION

524-312A

Council/district position

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

EXPIRE DATE / /

TERM

MONTHS

New leader

Former leader

Post No.

OR

District name

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 from:

Council No.:

Post No.:

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: Yes No (if yes, attach form.)

Country Mailing address

City

State

Zip code

Home phone

Business phone

Ext. X

Cell phone

Date of birth (mm/dd/yyyy)

Ethnic background:

Black/African American

Native American

Alaska Native

Asian

Driver's license No.

State

Caucasian/White

Hispanic/Latino

Pacific Islander

Other

Gender Social Security number (required)

Occupation

Employer

M F

Country

Business address

City

State

Zip code

Position code

Post position (description)

Previous Exploring experience

E-mail address (Select one)

Work Home

@

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. _____

Credit card

LOCAL OFFICE COPY

Retain on file for three years.

524-312A

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 LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 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 LexisNexis 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 LexisNexis 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 LexisNexis 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, LexisNexis.

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 LexisNexis, 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 LexisNexis'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. LexisNexis 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.

