



PLEASE TYPE OR PRINT IN CAPITAL LETTERS IF MORE SPACE IS NEEDED, USE AND ATTACH AN ADDITIONAL PAGE



By my signature below I hereby authorize a background check of my fitness to be appointed as a youth leader in my council/assembly. In addition, in the event that I am appointed as a youth leader, I agree that the Order may conduct future background checks should they find it necessary or desirable to do so. I agree to hold harmless the Knights of Columbus and any organization that provides information concerning me.

Jurisdiction(State/Province)		Council #_		Assembly	ı #	Circle #					
Position applied for: Col Boy	ulmbian So / Scout Le	ader: U	nit#		r □Committee Cour]Pack □Troop [nselor ⊡Squ ∃Team ⊡P	iire Ad ost	vancement □Ship	Progran	n Counselor	
# YEARS A YOUTH LEADER	MEMBER	SHIP #	LAST NAME		E FIRST NAME INITIAL						
RESIDENCE TELEPHONE #	NCE TELEPHONE # BUSINE		SS TELEPHONE #		FAX	SOCIAL SECUR	OCIAL SECURITY #/TAX ID #			DATE OF BIRTH	
E-MAIL ADDRESS					1				,	,	
Current driver's license	#:							State	/provinc	ce where issue	
Previous driver's licens	e #:							State	/provinc	ce where issue	
Current Address:				City		State/Pro	vince	Zip/Posta	l Code	Dates	
Previous street address	revious street addresses since 18th birthday		thday:*								
*If you listed more than 5 please provide a reason f	addresses or each.	in 5 yea	rs,								
Current Employer				City		State/Pro	vince	Zip/Posta	l Code	Dates	
Previous Employers (la	st 5 years):									
High Schools attended:				City, State/Province of residence while attending							
Colleges/Universities/Graduate Schools attended:			City, State/Province of residence while attending								
*use additional sheet if ne	cessary				(use reverse sid	le)					

Military experience	City/S	tate/Country of duty residence	Dates						
xperience working with youth in other organization	ns:								
current memberships (religious, community, busine	ss. labor. or profe	essional organizations):							
· · · · · · · · · · · · · · · · · · ·									
eferences. Please list those who are familiar with y necked when necessary.	your character as	it relates to working with youth. F	References will b						
ame:		Telephone							
lame:	Telephone								
			•						
APPLICANT	APPLICANT'S SIGNATURE								
Note: The "Social Security #," "Date of Birth," com must be provided, and the applicant must si			yers and school						
or state and local council use:									
recommend appointment of the above applicant to serve erm indicated.	as a youth leader	in his council/assembly and hereby ap	point him for the						
Grand Knight/Faithful Navigator	Date	State Deputy	Date						
nportant processing instructions:									

Once completed, the applicant should give the form to the grand knight or faithful navigator. After the grand knight or faithful navigator, or his designee, checks the references listed and is satisfied the candidate is suitable for appointment, he should sign the form and forward it to the state deputy for his signature and subsequent forwarding to the Director of Security. Upon approval, a certificate will be sent to the applicant confirming his appointment. Approval is good for up to three years from the date on the certificate.