



KNIGHTS OF COLUMBUS

STATE COUNCIL YOUTH LEADER FOR THE TERM

JULY 1, TO JUNE 30,



PLEASE PRINT — INDICATE MEMBERSHIP NUMBER
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 state council youth leader in my jurisdiction. In addition, in the event that I am appointed as a state council 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 _____

Position applied for: Columbian Squires: State Squires Chairman State Squires Committeeman

Other (specify position): _____

# YEARS A YOUTH LEADER	MEMBERSHIP #	LAST NAME	FIRST NAME	INITIAL
TELEPHONE #	RESIDENCE	BUSINESS	FAX	TAX ID #/SSN
DATE OF BIRTH				

E-MAIL ADDRESS _____

Current driver's license #: _____ State/province where issued

Previous driver's license #: _____ State/province where issued

Current and previous street addresses since 18th birthday: _____ City _____ State/Province _____

Current and previous employers (last 5 years): _____

High School and Colleges attended: _____

Experience working with youth in other organizations:

Current memberships (religious, community, business, labor, or professional organizations):

References. Please list those who are familiar with your character as it relates to working with youth. References will be checked when necessary.

Name: _____ Telephone _____

Name: _____ Telephone _____

APPLICANT'S SIGNATURE _____ DATE _____

For state council use:

I recommend appointment of the above applicant to serve as a state council youth leader and hereby appoint him for the term indicated.

State Deputy _____ Date _____

Once completed by applicant, forward a copy of this form to the Supreme Advocate's office, Knights of Columbus, 1 Columbus Plaza, New Haven, CT 06510-3326. After the state deputy or his designee checks the references listed and is satisfied the candidate is suitable for appointment, the state deputy should sign the form and forward it to the Supreme Advocate's office.

THIS FORM MAY ONLY BE COMPLETED, PRINTED OUT AND SUBMITTED THROUGH MAIL