



STATE COUNCIL YOUTH LEADER

APPLICATION

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 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
RESIDENCE TELEPHONE #	BUSINESS TELEPHONE #	FAX	SOCIAL SECURITY #/TAX ID #		DATE OF BIRTH / /
E-MAIL ADDRESS					

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

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

Current Address:	City	State/Province	Zip/Postal Code	Dates
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Previous street addresses since 18th birthday:*				

Current Employer:	City	State/Province	Zip/Postal Code	Dates
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Previous Employers (last 5 years):				

High Schools attended:	City, State/Province of residence while attending
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Colleges/Universities/Graduate Schools attended:	City, State/Province of residence while attending
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*use additional sheet if necessary

Military Experience:	City/State/Country of duty residence	Dates

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

Note: The "Social Security #," "Date of Birth," complete residence addresses, and locations of employers and schools must be provided, and the applicant must sign the form, or the form will be returned.

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

Important processing instructions:

Once completed, the applicant should give the original copy of the form to the state deputy. After the state deputy, or his designee, checks the references listed and is satisfied the candidate is suitable for appointment, he should sign the original form and forward it to the Office of the Supreme Advocate. Upon approval of the supreme advocate, 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.