



# KNIGHTS OF COLUMBUS YOUTH LEADER FOR THE TERM JULY 1, 200\_\_ TO JUNE 30, 200\_\_



**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 \_\_\_\_\_ Council # \_\_\_\_\_ Assembly # \_\_\_\_\_ Circle # \_\_\_\_\_  
(State/Province)

Position applied for: Columbian Squires:  Chief Counselor  Committee Counselor  
 Boy Scout Leader: Unit# \_\_\_\_\_  Pack  Troop  Team  Post  Ship  
 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
Previous street addresses since 18th birthday:*				

Current Employer:	City	State/Province	Zip/Postal Code	Dates
Previous Employers (last 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 necessary

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 and local council use:

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

\_\_\_\_\_  
**Grand Knight/Faithful Navigator**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**State Deputy**

\_\_\_\_\_  
**Date**

Important processing instructions:

Once completed by applicant, the applicant should forward a copy of this form to the Office of the Supreme Advocate, 1 Columbus Plaza, New Haven, CT 06510-3326. The applicant should give the original copy of 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 original form and forward it to the state deputy for his signature and subsequent forwarding to the Office of the Supreme Advocate.