

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 ☐ Squires Advancement Counselor

# 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:*				
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Current Employer:	City	State/Province	Zip/Postal Code	Dates
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Previous Employers (last 5 years):				
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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 and local council use:

We 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, 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 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.