

ANNUAL MEMORANDUM OF UNDERSTANDING

Post # _____, _____ - Post advisor has read and understands the following conditions for participating in this program operated and maintained by Learning for Life, a District of Columbia nonprofit corporation ("Learning for Life"), and desires to enter into this agreement regarding participation in this program. The responsibilities of the organization include:

MIDDLE SCHOOL EXPLORER CLUBS ONLY:

- Screening and selecting at least two adults, including a sponsor and associate sponsor, to work directly with the Middle School Explorer Club participants.

EXPLORER POSTS ONLY:

- Screening and selecting at least four adults, including committee chairman, two committee members, and an advisor, who will work directly with the post officers.

MIDDLE SCHOOL EXPLORER CLUBS AND EXPLORER POSTS:

- Ensuring that all participating adults complete the required Learning for Life Youth Protection training. The training is available at exploring.org.
- Providing adequate facilities for the participants to meet on a regular schedule with a time and place reserved.
- Participating in an initial program orientation session.
- Participating in at least one evaluation with Learning for Life representatives each year.

Note: Adults may serve in multiple posts and clubs.

This program is part of Learning for Life's education resource program. Learning for Life provides the support service necessary to help the participating organizations succeed in their use of the program.

These services include year-round training techniques and methods for selecting quality leaders; program resources; and primary general liability insurance to cover the participating organization, its board of directors and/or trustees, and its officers and employees in their official and individual capacities against personal liability judgments arising from official Learning for Life activities.

This Annual Memorandum of Understanding shall remain in effect through the registration expiration of the post or club. Either organization may discontinue the program at any time upon written notice to the other organization.

Date: _____

Signature of organization head or designee

(Print name)

Signature of Exploring representative

(Print name)