

This application should be completed by all Acts Community applicants. This is not an admission or acceptance form for the program, but it is required of all applicants. The purpose of this form is to assist in the creation of a safe environment for children, students, and vulnerable adults who participate in the programs of Glen Lake Camp or use Glen Lake Camp facilities.

Please Print (for identification purposes):

Full Legal Name: _____
First Middle Last

Other names you have used in the past seven years: _____

Current Address: _____
Street City State Zip

Previous Address (most recent): _____
Street City State Zip

Other Cities/States you have lived in the past seven years: _____

Date of Birth: ____/____/____ Gender: Female Male

Social Security Number: _____

Driver's License # _____ State of Driver's License _____

Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

Reference Name: _____ Reference Email: _____

Your Reference should not be a relative.

Reference Phone Number: _____

I authorize Glen Lake Camp to undertake a criminal background check concerning my past.

I understand and agree that any information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify and affirm that the information I have given on this form is true, complete, and correct in all respects.

Signature: _____ Date: _____