Camp Alphie

Criminal History Check

The following information is part of the screening process for Camp Alphie staff applicants. All information is confidential to the Camp Board of Directors or those appointed by the Board.

PLEASE PRINT

Name: _____
First Middle Last

Date of Birth: _____

Social Security Number: _____ Sex (M/F): _____

Other names by which you are known or have been known:

_____

_____

Have you lived in any other states during the past three years? _____

If yes, please list the states: _____

Current driver's license number, including state: _____

I certify that the information on this form is true and accurate. I give my permission for the local police department or state agency authorized to obtain criminal history information to release this information to the Camp Alphie Board of Directors.

Applicant Signature: _____ Date: _____

Please return this form with the Staff Application