Required Background Check Information

For individuals who do not have a background check on file with ACTS

Please do not return this form electronically. Please turn in at the Mandatory Meeting. This document is

shredded once the background check is complete. The background check fee is \$7 per person.			
Please complete			
How many adults in your family will be participating in ACTS?			
Name of primary adult who will be on site (please include full name (s), maiden name, aliases, etc):			
Date of Birth:		Social Security #:	
If another parent/guardian will serve (in addition to, or possibly in your place), they must have a background check as well.			
Name of additional adult who will be on site (please include full name (s), maiden name, aliases, etc):			
Date of Birth:	So	ocial Security #:	
If there are additional adults you wish to verify please speak directly with the 4dmin team			