



Crystal Lake Teen Center Background Check Form:

Last Name: _____

Middle Name: _____

First Name: _____

Social Security #: _____ Sex: _____

DOB: _____

Cell Phone #: _____ Alternate Phone #: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Have you ever had a felony conviction? _____

If you answered yes, please explain: _____

Is there something else you would like to tell us about yourself? _____

Signature Authorizing CLTC to run Background Check _____
