



Print and email form to:
info@orionhope.org
OR
Mail or drop off form:
Orion Communities
237 Bridge Street
Phoenixville, PA 19460



GLAD Application

Parent's Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State Zip Code*

Phone: _____ Email: _____

This is the best way to contact me: Phone Me Email Me Text Me

Remember, Orion cannot contact you using social media such as Facebook or Twitter. We also request that you do not contact us using these formats.

Education

High School: _____ Address: _____

From: _____ to _____ Did you graduate? Yes No

College or Trade School: _____ Address: _____

From: _____ to _____ Did you graduate? Yes No Degree: _____

Educational Goals

What are some of your goals for your education? _____

Employment Goals

What are some of your goals for your next job? _____

Family Life

Are you married, living with someone or living alone? _____ Relationship: _____

Children	Name	Age	Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Do any of your children have disabilities? What are they? _____

What is the best part about being a parent? _____

What is the hardest part about being a parent? _____

Previous Employment

What kinds of jobs have you worked? _____

Responsibilities: _____

Why did you leave these jobs? _____

Military Service

Branch: _____ From: _____ To: _____

What did you do in the military? _____

Best Times

What are the best days & times for you to come to GLAD? Circle all that could work for you:

M T W Th F Sat 11:00 3:00 6:00

Do you see any problem getting to GLAD: transportation, too busy, need child care? _____

Do you anticipate needing assistance to attend GLAD? Yes No

By signing, I agree that Orion can contact me with information about GLAD and share this information with program leaders.

Signature: _____ Date: _____