



THE PLAYGROUNDgr

Healing through PLAY

VOLUNTEER INTEREST FORM:

NAME: _____

DATE: _____

EMAIL: _____

PHONE NUMBER: _____

ADDRESS: _____

AGE & DOB: _____

Have you been convicted of a misdemeanor? YES or NO

Comments:

Have you been convicted of a felony? YES or NO

Comments:

We appreciate our volunteers and love to showcase their love for play. Please tell us:

I think play is important in our community because: _____

Please attach:

- Picture of you Drivers License
- Head Shot in JPEG form
- Waiver completed and signed

All information above is correct, and by signing I give permission for THE PLAYGROUNDgr team to complete a background check using my name, birth date, address, and driver's license photo.

SIGNATURE: _____

DATE: _____