



## I want to volunteer!

Please tell us how to contact you and when you would be available to help out at the Discovery Playhouse. Please print.

Name	_____
Address	_____
Phone Number(s)	_____
Email Address	_____
Date of Birth	_____
Group affiliation (if applicable)	_____

I can volunteer:

Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

10-12 a.m.  12-2 p.m.  2-4 p.m.

Since we want to protect our children's safety, we may ask for that a background check be performed. Would you be willing to have your background checked?

I authorize the Southeast Missouri Children's Museum to request a review of my criminal record and this document signed by me will serve as written consent to such criminal record check. I further understand I have a right to review such criminal record received by the Museum and that I have the right to challenge the accuracy of the report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date