



Group Activity Application

Volunteering Organization: _____

What is your organization's mission: _____

Total number of people in group: _____

Number of people to volunteer at a time: _____
(Pediatric Playroom can only have 6 volunteers at a time)

Contact Person: _____
(Contact person **must** be someone attending the activity/Responsible party)

Address: _____
City **State**

Travel time to UNC Health Care: _____

Phone Number: _____

E-Mail: _____

Activity Date(s): _____

(Please provide several options if possible and indicate total # of visits requested.)

Time: _____ **to** _____
(Pediatric Playroom is open Mon-Fri: 11-12; 2-4; 6-7 and Sat-Sun: 2-4. Groups must arrive at UNC Health Care 15min prior to activity)

Area desired to perform activity: _____

If volunteering in the Pediatric Playroom, please bring a planned activity (e.g., arts and crafts, games, etc...)

Please describe activity: _____

(office use only)
Date received: _____

Please contact Jodie Skoff, Volunteer Coordinator, if you have questions. Thank you for your application.