



**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.**