



Group Volunteer Application

Group Name: _____

Organization: _____

Address: (City, St, Zip) _____

Main Contact: _____

Email: _____

Phone: _____

Alternate Contact: _____

Email: _____

Phone: _____

Submit Application to:

Ryan McBrayer at volunteers@gcmuseum.com

OR Mail to:

Greensboro, Children's Museum, ATTN: Volunteer Application 220 N. Church St., Greensboro, NC 27401

Please describe your group:

Please indicate your volunteer interests at GCM:

