



Application for Special Events

Date & Time Booked: _____

Thank you for your interest in doing a project onsite at Texas Children's Hospital Main Campus in the Texas Medical Center. We are very fortunate to have groups like yours that want to support our patients. As a Hospital that cares for critically ill children, the safety and privacy of our patients always comes first. In order to help you make the most of your gift to the patients at Texas Children's, while maintaining our high standard of care, please complete this application. A TCH representative will then help you find an appropriate project. All onsite groups must be prepared to provide a unique activity or opportunity for approximately 80 patients. Space is limited, so submitting an application does not guarantee approval of your project.

Name of Group or Organization: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone number: _____

Email: _____ Website: _____

Are you or your organization trying to do business with Texas Children's Hospital? Yes ___ No ___	If yes, please explain:
Total number of people: _____ (Event Max is 10)	Are all members of group over 18? Yes ___ No ___

GROUP INFORMATION

Have you volunteered in a hospital before? Yes ___ No ___	If yes, what duties did you perform when you volunteered?
What experience do you have working with children?	
What is the goal you are hoping to achieve by coming to the hospital and working with the children?	
How do you plan to adapt this activity to children of different ages and special needs?	
How often would you like to come to the hospital?	(Please Note: If you would like to come to visit 4 or more time a year, you will need to fulfill additional requirements)

ACTIVITY TYPE

What type of service would you like to provide to the patients and families at Texas Children's Hospital?

___ Craft/Activity party ___ Toy /Gift Distribution ___ Perform Music
___ Special Visitor (mascot, athlete etc) ___ Other: _____

Please describe what activity your group would do and please be specific: (Example: distribute 100 teddy bears, host a craft party (specify the type), super hero visit or specific event to meet the patients' needs)	
Groups are required to provide all supplies for the duration of their onsite activity. Does your group have a budget or plan to collect needed items?	If so, please describe:

SCHEDULING EVENT

- All groups are required to schedule **30 days prior to option dates (90 days prior for events during the holidays)** to insure appropriate staffing and/or volunteer support.
- Visits are limited to 2 hours. Holiday visits may be limited to one hour.
- **Please be aware:** We no longer validate parking for the day of the event. Parking can cost around \$12.00 per day.
- Best times to visit depending on the type of activity:

Toy Distribution, Music Performance, Special (mascot, athlete, etc.)	Mon – Fri	10:00 am – 12:00 pm or 1:00 pm – 3:00 pm
Craft or Activity Party in a Playroom or The Child Life Zone	Tue – Thu	10:00 am – 12:00 pm or 1:30 pm – 3:00 pm

- Please list your top three dates and times your group would like to visit Date submitted:

1 st		Time:	
2 nd		Time:	
3 rd		Time:	

FOR OFFICE USE ONLY:

Date and Time Selected:				
Department Hosting:	<i>Volunteer Services</i>	<i>Child Life</i>	<i>Cancer Center</i>	<i>Other</i>
Special Needs/Equipment:				
Arriving by:	<i>CAR</i>		<i>BUS</i>	
Security/Valet Notified:				
Contacting:	<i>Media</i>		<i>Marketing</i>	
Date Application Sent to Hosting Department?				
Staff Member:			Phone:	
Backup Staff Member:			Phone:	

VOLUNTEERS ASSIGNED:

Name:		Phone:	
Name:		Phone:	
Name:		Phone:	

NOTES and CHECKLIST:

Confirmation sent to Group	
Added to Patient Activity Calendar	
Added to Sign Up Genius	
Host Group and Volunteer Services have plan for day	
Advertisements created and sent to units	
Day of – Group signed paperwork and reminded of policies	
COMMENTS:	

Event Completed _____ **Event Cancelled** _____ **No Show** _____ **Acknowledgement sent** _____