



Application for Community Group Involvement

Before filling out this form, please read our attached frequently asked questions.

****Proof of Covid 19 vaccinations will be required for any volunteer attending with your Community Group.****

Group Information

Group name:

Contact person:

Address:

Contact phone:

Email address:

What Kind of Event Do You Want to Provide?

Patient Project (All volunteers must be 16 years old)

Patient Party (All volunteers must be 16 years old)

Performance (No age requirement for performers with no patient interaction)

Special Visitors (All volunteers must be 16 years old)

****If your activity does not fall within these specific categories, please fill out the Special Visitors section with a description of what your group wants to provide.****

Dates:

- Submit dates four weeks prior to your preferred dates.
- Not all dates requested can be accommodated.
- Activity is not confirmed until you have been notified by Child Life via phone or email.
- Provide 3 dates in order of preference.
- Most events are scheduled for Tuesday, Wednesday and Thursday.

Date	Day	Preferred time		
	M T W Th F	11a-12p	1p-2p	3-4p
	M T W Th F	11a-12p	1p-2p	3-4p
	M T W Th F	11a-12p	1p-2p	3-4p
	M T W Th F	11a-12p	1p-2p	3-4p

Date considerations specific to your event:

Media/Photography

In respect of the privacy of the patients, every child must have written photo consent from their parent or legal guardian on file with Cook Children's **before ANY** photo is taken. To be prepared for your visit, it is important that your needs related to photography/media be known in advance. There may be restrictions placed on your group's ability to photograph an activity, but every effort will be made to help you achieve your goals in this respect.

IMPORTANT NOTE: If you will be soliciting outside (news) media, please contact Cook Children's Media Relations department at 682-885-1080 prior to making any contact with the media.

Donations

Will your group bring gifts for the patients? Yes No Number of gifts provided:

If yes, please describe the gift:

Activity Specific Information

Please complete ONLY the section for the activity for which you are applying.

Patient Projects

Activity #1:

Activity #2:

Activity #3:

Needs: # of Tables: Other (please specify):

How many volunteers are your bringing patient project? (All volunteers must be 16 years or older)

 # of 16-18 years # of 18years+

In order for us to prepare for your parking needs, what kind of transportation will you bring?

Car(s) (#:) Passenger Van(s) (#:) Bus(es) (#:)

Will you have equipment to unload in the front driveway? Yes No If yes, please plan to arrive at least 30 minutes prior to event time. What time do you expect to arrive?

If yes, will you have a trailer for your equipment? Yes No

Party Hosting

Proposed party theme:

Activity #1:

Activity #2:

Activity #3:

Activity #4:

Activity #5:

Needs: # of Tables: Other (please specify):

How many volunteers are your bringing patient project? (All volunteers must be 16 years or older)

 # of 16-18 years # of 18years+

In order for us to prepare for your parking needs, what kind of transportation will you bring?

Car(s) (#:) Passenger Van(s) (#:) Bus(es) (#:)

Will you have equipment to unload in the front driveway? Yes No If yes, please plan to arrive at least 30 minutes prior to event time. What time do you expect to arrive?

If yes, will you have a trailer for your equipment? Yes No

Performance

Description of performance:

Length of program:

Due to the challenge of getting many of the children downstairs for special events, programs of less than 30 minutes will not be accepted.

Needs: Dressing Room Piano Chairs for performers (#:)

- **When using the piano you may not move it under any circumstance.**
- **We do not have music stands or risers available.**
- **We only have a limited number of folding chairs available (less than 20).**

Attachments: Lyrics Script

- **All lyrics or scripts must be attached to this application for approval prior to acceptance.**

Is there a link or website where a preview of the group might be available for viewing? Yes No
If yes, what is the link?

How many performers are your bringing?

 # of 4-10 year olds # of 10-16 year olds # of 16-18 year olds # of 18years+

In order for us to prepare for your parking needs, what kind of transportation will you bring?

Car(s) (#:) Passenger Van(s) (#:) Bus(es) (#:)

Will you have equipment to unload in the front driveway? Yes No If yes, please plan to arrive at least 30 minutes prior to event time. What time do you expect to arrive?

If yes, will you have a trailer for your equipment? Yes No

Electrical Needs

We have an in house sound system usually available that can typically be used with a plug and play device.
We have a minimal number of microphones that may be available.

Will you use our equipment? Yes No

Describe what sound equipment your group might need:

Will you be providing your own sound equipment? Yes No

If yes, please describe the sound equipment that you are providing, including if any special considerations/outlets will be needed:

Videoing/Live Streaming

For performances, please do not plan on videoing, or live streaming your performance. Due to patient privacy, any patient present in a video must be consented prior to the video recording, even if you can only see the back of a patient's head, or if they only wander into the frame for a second. For performances, please communicate this policy with every adult attending with your group. In respect of the privacy of the patients, every child must have written consent from their parent or legal guardian on file with Cook Children's **before ANY** video is taken. To be prepared for your visit, it is important that your needs related to videoing/live streaming be known in advance.

Special Visitors

Description of the event you want to provide:

Needs: Dressing Room Other (please specify):

Does your group have time restrictions? No Yes

If yes, what time is your group available?

How many volunteers are you bringing with your special visitors? (All volunteers must be 16 years or older)

of 16-18 years # of 18years+

In order for us to prepare for your parking needs, what kind of transportation will you bring?

Car(s) (#:) Passenger Van(s) (#:) Bus(es) (#:)

Will you have equipment to unload in the front driveway? Yes No If yes, please plan to arrive at least 30 minutes prior to event time. What time do you expect to arrive?

If yes, will you have a trailer for your equipment? Yes No

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