



We are delighted that you are interested in visiting Riley Hospital for Children. Your generosity in wishing to help make the hospital a positive experience for our patients and families is greatly appreciated. Special Events mean a lot to a hospitalized child. The following guidelines have been put together to help you understand the needs of our patients and families:

1. All special events and visitors **must be approved and scheduled in advance** by the Child Life Department through the Special Events Coordinator at (317) 274-8293.
2. All special visitors must be at least 18 years of age or older to comply with Infection Control Policies set up for the safety of our patients.
3. Due to the size of our playrooms, we can only accept groups of 6 people or less to help with our Activity Times.
4. An Outside Group is a group or individual that volunteers with the Child Life Department no more than 1 time in one year. If you would like to volunteer on a more consistent basis, please contact Volunteer Services at (317) 274-8682.
5. If you would like to volunteer for an Activity Time, we require that you bring supplies for the Activity Time. Please refer to the last page of this packet for craft options and a supply list.
6. Arrangements must be made in advance if you wish to have photographs of patients taken for personal use or publication. Written permission from the parent on a Clarian Health Partners Media Release Form is required and needs to be filled out by a Child Life staff member. Media coverage of an event may frighten children, or they may become apprehensive in front of a camera. Requests for photographs will be granted or declined on a case-by-case basis.

If you meet the requirements above, please fill out the attached application and return it to the Child Life Events Specialist via email or fax. We request that you give us **30 days notice** so we can plan accordingly for your visit. We will attempt to fill all requests, but we must put the needs of our patients and families first. Due to the number of requests that we receive, we cannot guarantee that your group will be accepted or that you will get your first choice of dates and times.

Thank you again for your interest in helping the patients and families at Riley Hospital for Children!

Sincerely,
Melissa Sexton, CCLS
Special Events Coordinator
Child Life
msexton@clarian.org
(317) 278-8758 (fax)

Child Life Department
Outside Group Agreement Form
Please print legibly.

Name of Visitor or Group: _____

Contact Person: _____ # of people planning to visit _____

Address: _____

Email Address: _____

Phone: () _____ Fax: () _____

1. Have you visited Riley Hospital for Children in the past? _____ If so, when? _____
In what capacity? _____

2. Please check one of the following. I am interested in:
____ Helping with an Activity Time
____ Making a donation – What are you planning to donate? _____
Quantity _____
____ A “Meet and Greet” --Please specify team name, celebrity, etc. _____
____ Other – Please Describe. _____

3. How would this event and your participation benefit our patients?

4. Please circle one.
Are you planning to take pictures of this event? Yes No
Are you planning to invite media to attend this event? Yes No
If you answered yes to either question, how will the photos be used? _____

5. How did you hear about the Child Life Department? _____

6. Do you need documentation regarding your time of service? _____
If so, why? _____

We have Activity Times on Monday through Friday in the morning and afternoon. Morning Activity Time is from 10:00-11:30 AM. Afternoon Activity Time is from 2:00-4:00 PM. Please list at least 3 dates and your preference of Morning or Afternoon Activity Time.

1st Choice _____
2nd Choice _____
3rd Choice _____
4th Choice _____
5th Choice _____

Craft Projects

Please choose one of the following craft projects. You will be responsible for bringing the supplies for the project. **All craft supplies must be new.** We have two Activity Times happening at the same time on two different units. If you bring 4 people, you will be able to volunteer in one playroom. If you bring 5-8 people, you will be able to volunteer in two playrooms. Please plan to provide supplies for 25 children per playroom.

_____ 1. Decorating T-Shirts – Afternoon Playtime Only

Supplies needed: White cotton t-shirts in the following sizes--2T, 4T, Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large

_____ 2. Decorating Pillowcases – Afternoon Playtime Only

Supplies needed: Pillowcases (white or a variety of light colors)

_____ 3. Masks – Morning Playtime Only

Supplies needed: paper plates, sequins, plastic gems, feathers

_____ 4. Tambourine – Morning Playtime Only

Supplies needed: paper plates, bells, string, stickers, markers, streamers/ribbon

_____ 5. Sculptures – Afternoon Playtime Only

Supplies needed: Model Magic (white – 1 8 oz. bag for every 2 kids), markers

_____ 6. Other – You must specify your idea, plus supplies you will provide and it must be approved by the Child Life department.

Please sign below saying that you have read and understand these requirements. If you fail to comply with these guidelines, including on the day of your visit, we may be unable to accept your group for activity time.

Signature _____ Date _____