

VISITING GROUP APPLICATION

Name of Group/Performance _____

Contact Person _____

Phone numbers: Home: _____ Work: _____ Cell: _____

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Proposed date of visit _____ Time _____

Alternate date of visit _____ Time _____

Description of Activity _____

Facilities and/or Equipment needed _____

Number of persons in your group (6 group members or less) _____

Has your group visited St. Joseph's Children's Hospital? YES NO

If applicable, please list up to two organizations as references where your group has volunteered or performed

Names of each participant that will be present the day of your visit (Participants not listed on the application will not be permitted in St. Joseph's Children's Hospital the day of your visit.)

Target audience age group _____

Do you plan to hand out gifts during your activity or performance? YES NO

If yes, please provide a detailed description of what you will be bringing. All gifts must be religiously neutral and be appropriate for children ages 0-21, please feel free to contact the child life department if you have additional questions.

***All gifts must be in quantity of 100 if they are to be passed out to children

Is media coverage being sought? YES NO

***If yes, a copy of any press release must be submitted to the Public Relations Department at least one week prior to your visit. St. Joseph's Children's Hospital does not seek media for visiting groups; however, if this is something your organization chooses to do you, please contact Public Relations. Please know that sending a press release does not guarantee media coverage during your visit- PR contact: Amy Gall at 813-870-4731 or amy.gall@baycare.org

Please initial:

____ I understand that all community visitors must be at least 16 years old.

____ I understand that all youth or school groups must be accompanied by a teacher or adult group leader.

____ I understand that I must submit this application at least 4 weeks prior to visit.

____ I understand that entertainment groups must contain less than 6 people.

____ I understand that due to privacy laws, I may not ask patients or families any questions regarding their diagnosis, age, length of stay, or plan for going home.

____ I understand that any presentations or gifts must be politically and religiously neutral.

____ I understand that photographs of patients and families may not be taken by visiting groups or individuals. I also understand that cell phone are not permitted to be used during by visiting groups or individuals.

____ I understand that all gifts must be of the same type, appropriate for patient's ages 0-21 and in quantities of 100.

____ I understand that no member of my group may wear revealing or inappropriate attire, including short skirts or shorts, low cut blouses and tight clothing. I also understand that this includes any and all costumes

____ As a representative of the above named organization, I have read the guidelines for entertainers or groups visiting and agree to adhere to the said requirements. I also agree to review these guidelines with each member of the visiting group that will be attending the event.

Print Name: _____

Signature: _____

Date: _____

Email: visitinggroups.childlife@baycare.org

Fax: 813-554-8520

Mail:

St. Joseph's Children's Hospital
Child Life Center
c/o Visiting Group Coordinator
3001 W. Dr. Martin Luther King Jr. BLVD
Tampa, FL 33607