



REQUEST FOR CHILDREN'S ACTIVITY

1. Group Name or Organization Name: _____

2. Name of contact person: _____

3. Complete address of organization: _____

4. Phone Number: _____ Fax Number: _____

5. Email: _____

6. Description of event group is volunteering to conduct. Please be specific.

7. Will you be bringing food? _____

❖ If yes, snack or meal? _____

❖ Please specify: _____

8. Date and time of activity: Date: _____ Time: _____

9. Number of visitors participating: _____

10. Event is planned for children age(s): _____

11. Special instructions for staff (i.e. divide children into groups, provide drinks, outdoors, etc.) _____

12. I received a copy of St. PJ's Children's Home's volunteer policies, confidentiality policies, corporal and degrading punishment policies, background check release form and dress code and distributed copies to all volunteers who will participate in the above scheduled activity.

Signature: _____

13. I understand that on the day of the activity, an appointed coordinator or I will report to a member of the staff to confirm the activity agenda before beginning the activity.

Signature: _____

Please return this form to the volunteer coordinator at least two weeks before activity date

Please give 24-Hour notice of cancellation

Thank you for brightening the lives of our children!