



## Donor, Visitor, & Special Guest Interest Form

We thank you for your interest in visiting INTEGRIS Children's at Baptist Medical Center. After completing this document, you will receive an email regarding the next steps in scheduling a visit. We look forward to speaking with you.

### Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Type of Visit:

(Please select an option below)

Individual

Group\*

\*If group, how many members? \_\_\_\_\_

\*Age range of group members: \_\_\_\_\_

\*Name of group/organization: \_\_\_\_\_

\*Website of group/organization: \_\_\_\_\_

### Reason for Visit:

What is the reason for your visit? Please be detailed in explaining what you or your group are wanting to do during your visit.

- Donation Drop Off to Staff
- Skill or Talent\* (please see next section)
- Craft Activity / Themed Party in Playroom
- Other\* (please fill out description in lines below)

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**Skill or Talent\*:**

Please provide a picture or video of your talent or skill set that you are wanting to implement for our patients and families. This can be sent as an email attachment with interest form or by attaching a website for the Child Life Department to view.

**Availability:**

Please indicate the day(s) and time(s) you are interested in scheduling your visit.

**NOTE:** This day/time is not guaranteed and will depend on the current availability.

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**Anything else?**

Please provide us with any additional information you feel will help us know more about you or your group.

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**Questions?**

For any questions and/or clarification on scheduling a visit, please contact our Child Life Department at [ChildLife@integrisok.com](mailto:ChildLife@integrisok.com).

**Once complete, please submit this interest form to [childlife@integrisok.com](mailto:childlife@integrisok.com).**  
A Certified Child Life Specialist will review your interest form and contact you for further steps.  
Thank you for your interest in visiting INTEGRIS Children’s at Baptist Medical Center.