



Group Volunteer Visit Request Form

Group Name: _____ Telephone: _____

Address: _____

Group's Contact Person: _____ Telephone: _____

Date of proposed visit: _____

Proposed time of arrival: _____ Estimated time of departure: _____

Objective/purpose for the visit: _____

Number of adults to participate: _____

Number *and ages* of children to participate: _____

Does the group have a planned activity to share with Cedarcrest? _____

If so, describe the activity: _____

Cedarcrest needs to provide: _____

Does this visit require Cedarcrest to plan an activity? _____

Special needs for this visit: _____

Cedarcrest staff needed: _____

Cedarcrest children to participate: _____

Activity approval with following provisions: _____

_____	_____	_____	_____
Cedarcrest Contact	Date	CEO or Director of Nursing Services	Date

Event completed *Event cancelled* *Event not approved* (check one)

Summary of completed activity: _____

Send a copy of this form to the Social Service Coordinator