

APPLICATION FOR A ROOM TO HEAL

The mission of the Room to Heal Foundation is to provide an artistic "healing space" where children affected by serious medical conditions can rest and recover. We will re-decorate kids' rooms or play spaces, to create each child's room of his or her dreams.

The Room to Heal Foundation is 100% volunteer run. The only thing the volunteers "get" out of it is feeling like they've made a difference in a child's life. Therefore, the purpose of this application is mainly for you to tell us how we can make a difference in your child's life! If you feel it is relevant, please feel free to submit this with pictures, articles, etc., that would help us know your special child.

Child's Name: _____

Mother: _____

Mother's Address: _____

Mother's Email: _____

Mother's Phone: _____

Father: _____

Father's Address: _____

Father's Email: _____

Father's Phone: _____

Child lives with: _____

Date of birth: _____

Siblings' names and ages: _____

Child's website information, if applicable: _____

Child's medical condition, including any time limitations, immunization concerns, etc. that may be relevant in redecorating his / her room:

Child's story (i.e., why would a "Room to Heal" make a difference in his or her life?):

What type of room does he / she want? (Or what are your child's interests?)

While someone other than the parent may fill out this application, the application must be signed by the parent or custodian with whom the child lives.

By signing this application, if your child is chosen, you are hereby agreeing for Room to Heal Foundation to use pictures of your child and your child's room (taken during the project) on the Room to Heal website.

Unfortunately, we receive more applications for children who need rooms, than we do volunteers who want to help, so submitting this application is not a guarantee that your child will be chosen. We wish we could do everyone's room! However, we will contact you as soon as possible if your child is chosen.

Signed: _____
_____ (Print Name)

Please send completed applications to:

**Room to Heal Foundation
24 Torrey Pines
Coto de Caza, CA 92679**