

Outreach Request Form

*Once completed, please email form and all supporting documents to [Christine.marsh@stonybrookmedicine.edu](mailto:Christine.marsh@stonybrookmedicine.edu). All requests must be submitted **at least 4 weeks in advance.***

<b>Section A. Outreach Information</b>		<b>Section B. Student Club/Organization Information</b>	
<b>Event Location:</b> _____ <b>Proposed Date of Event:</b> _____ <b>Mon</b> <input type="checkbox"/> <b>Tues</b> <input type="checkbox"/> <b>Wed</b> <input type="checkbox"/> <b>Thurs</b> <input type="checkbox"/> <b>Fri</b> <input type="checkbox"/> <b>Sat</b> <input type="checkbox"/> <b>Sun</b> <input type="checkbox"/> <b>Start Time:</b> _____ <b>End Time:</b> _____		<b>Club/Organization Name:</b> _____ <b>Student Contact:</b> _____ <b>Student Email:</b> _____ <b>Expected number of Students Participating?</b> _____	
<b>Has the location approved your request to host an event there?</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>*Please attach approval with form</b> <b>Expected Number of Guests:</b> _____ <b>Age Range:</b> _____ <b>Description of Event:</b> _____ _____ _____ <b>How will your content be delivered?</b> _____ _____ _____		<b>Will faculty advisor be attending*?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>*ALL SCREENING EVENTS REQUIRE A FACULTY MEMBER TO BE PRESENT. FOR ORAL HEALTH EDUCATION EVENTS, A FACULTY MEMBER MUST APPROVE EDUCATION CONTENT, BUT DOES NOT NEED TO BE PRESENT</b>	
<b>FACULTY ADVISOR APPROVAL</b>			
		<b>Faculty Advisor Name:</b> _____ <b>Faculty Advisor Signature:</b> _____ <b>Faculty Advisor Date:</b> _____	
<b>Section C. Supplies/Materials required for event</b>			
<b>I. Do you need to purchase and/or borrow any materials/supplies for event?</b> <input type="checkbox"/> Yes (fill out section below) <input type="checkbox"/> No* (Skip section C) <b>** If you need AV equipment, please check with location to see if you need to bring your own</b>			
<i>List of Materials &amp; Supplies</i>			
<b>Section D. Outreach Checklist</b>			
<input type="checkbox"/> I have attached the outreach approval from the location. <input type="checkbox"/> I have included a list of the students that we anticipate will be attending this event. <input type="checkbox"/> I have included a signed Assumption of Risk form for each student attending the event. <input type="checkbox"/> I understand that I must fill out an attendance log after event and submit it to Christine Marsh (available to download below).		<input type="checkbox"/> I understand that we are only permitted to provide oral health education (non-clinical) and therefore a faculty member does not have to be present. <input type="checkbox"/> I have included the content of the event (slides, book description, etc.) with this form. <input type="checkbox"/> I understand that if the outreach event takes place during classes, I must receive approval from faculty member(s) <b>and</b> submit an absence on Cbase.	
<b>Section E. Forms</b>			
<a href="#"><u>Assumption of Risk Form</u></a>		<a href="#"><u>Outreach Procedure</u></a>	
<a href="#"><u>Student Attendance Log</u></a>			
<b>CHRISTINE MARSH APPROVAL</b>		<b>DR. HOWE APPROVAL</b>	
<b>Event Approval:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Content Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>List of Attendees provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Assumption of Risk Forms received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Approval from location provided:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Print Name:</b> _____ <b>Signature/Date:</b> _____		<b>Event Approval:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Appropriate Parties Notified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Office of Education, Christine Marsh)</i> <b>Print Name:</b> _____ <b>Signature/Date:</b> _____	