

POLICY AND PROCEDURES FOR BUILDING USAGE

1. No profit-making group will be considered.
2. All outside organizations must present a Certificate of Insurance with a \$1,000,000 liability coverage at time of applying for building usage.
3. No successive or several meetings. In general, we wish to avoid ongoing commitments to groups that meet on a regular basis.
4. A congregation member must be present and assume the responsibility of opening and closings the building, in charge of clean up, and who will be present and in full charge for the care of the buildings during such use.
5. Only nonalcoholic beverages may be served.
6. The building must be left clean and orderly. If necessary, a custodial fee will be charged to your group if left uncleaned. All materials needed to clean and sanitize are in the custodial closet.
 - A. The following must be completed before leaving:
 - i. Dust mop floors, moving mats if necessary. Vacuum carpet.
 - ii. Wash all tables, chairs, and counters. Spray and wipe with sanitizer.
 - iii. Empty and take with you all garbage disposed of.
 - iv. Return tables and chairs as you found them.
 - v. Wash, dry and return all items used to proper place in the kitchen.
 - vi. Check bathrooms for things left behind.
7. Usage of the building will be determined on a first come, first serve basis. All church functions will take priority. Please understand that there are some church functions, such as funerals, that cannot be planned or scheduled. You will be notified as soon as possible if such a case should arise.
8. Small donations in return for usage of the facilities are appreciated.

Please complete the bottom portion of this form and return to the church office (room #10) as soon as possible.

DATE FOR USAGE OF BUILDING: _____

TIME FOR USAGE REQUEST: _____

GROUP OR ORGANIZATION NAME: _____

CONTACT PERSON FOR EVENT: _____

PHONE NUMBER FOR CONTACT PERSON: _____

CONGREGATION MEMBER TO BE PRESENT: _____

EMERGENCY CONTACT AND PHONE NUMBER: _____

Approval: Yes or No Signature: _____

Office approval date: _____ Certificate of Insurance Submitted: Yes or No