# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_United Methodist Church

## Guidelines for Use of Church Facilities

### Effective Date \_\_\_\_\_\_\_\_\_\_\_

**Church Mission:** We are a courageous church loving like Jesus, acting for justice, and united in hope.

All use of the Church facilities should be consistent with and promote the mission and programs of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMC or provide Christian outreach in support of the local community.

Worship services, church sponsored activities, committee and Church affiliated group meetings will take precedence over other activities and groups.

**Fund Raising and Profitable Activities:** Fund raising activities should be scheduled consistent with the guidelines of the Church Council. The Church facilities cannot be used for profit-making activities.

**Scheduling Facilities:** Activities will be scheduled on a first come, first served basis and are subject to Board of Trustees approval. Please complete this form and return to the office or email it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (church office email).

**Minimum Suggested Donation:** The Board of Trustees establishes the minimum suggested donations for room use.

**Fee Schedule for Custodial Assistance:** Limited custodial services are provided. Each group must return the room used to the way they found it. They will perform their own set up, tear down, and extra cleanup unless requested of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UMC in advance. The following rates will apply:

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| **Extra Custodial Services** |
| Small Room $ |
| Larger Room $ |
| Fellowship Hall $ |
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Additional requests will be considered, and additional fees may be required.

**Church Keys:** For groups that meet on a regular basis a key may be signed out. Only one key per group may be signed out unless a need is shown.

**Terms and Conditions of Facilities Use:**

1. Church facilities can only be used for the purpose, date, and time stated.
2. Smoking, use of alcoholic beverages, illegal substances, and possession of firearms is strictly prohibited in and on all premises. No food in the Sanctuary building, and all beverages must be in a lidded container.
3. All groups are expected to treat the Church Facilities and Equipment with respect. All Facilities and Equipment must be left in the condition that they were found.
4. Failure to comply with stated terms and conditions can result in additional charges and refusal for future use of the facilities.

**COVID-19 Precautions and Requirements**:

1. All groups are required to follow CDC and local guidelines related to COVID-19 while on campus this includes but is not limited to masks, hand washing, social distancing, sanitizing*. (The church’s re-opening plan requirements for groups should be provided and a copy returned with their signature that they will comply with the requirements.)*
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be responsible for disinfecting the rooms after use.
3. Immediately report to the church office if someone has tested positive for COVID-19*. (Insert your plan’s protocol. Make sure there are details of who will do the deep cleaning, how long the room(s) will be out of service, the notification process of those who used the same room, and when the individual and the group may return to the room(s).)*
4. Sign and return with this request an Assumption of Risk and Waiver of Liability Relating to COVID-19.

**Request Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Member? \_\_\_\_\_\_ Group’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person in Charge of the Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does Group Currently Rent Space Somewhere?** \_\_\_\_\_\_\_

**If yes, address and phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third-Party Group insurance Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Purpose:** |
| **Frequency of meeting:** |
| **Description:** |
| **Anticipated Number of Attendees:** |

**Activity Date(s) and Time(s):**

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| **Event Date(s):** |
| **Set-Up Time:** |
| **Event Start and End Time: Facility Vacated Time:** |
| **Will food be available? If so, what?** |
| **Is there a fee charged for members or to attend the event? If yes, what?** |
| **Additional Comments:** |

##### Please attach drawing of how you wish each space to look if you are requesting special setup

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility and Equipment**  **Required** | **Please check all boxes**  **requested** | **Special set up/or tear down requested** | **Audio and/or video requested** |
| **Minimum Suggested Donation** | **Additional Custodial Fees** |
| **Fellowship Hall** |  |  |  |  |  |
| Meetings (No Food) |  |  |  |  |  |
| Dinners / Dances |  |  |  |  |  |
| Other (explain) |  |  |  |  |  |
| Sanctuary Area |  |  |  |  |  |
| Organ |  |  |  |  |  |
| Choir Room |  |  |  |  |  |
| Narthex |  |  |  |  |  |
| Other (explain) |  |  |  |  |  |
| **Classroom(s)** |  |  |  |  |  |
| List room numbers |  |  |  |  |  |
| List room numbers |  |  |  |  |  |
| **Kitchen** |  |  |  |  |  |
| No Cooking |  |  |  |  |  |
| Cooking |  |  |  |  |  |
| Tableware, utensils |  |  |  |  |  |
| Kitchen Hostess |  |  |  |  |  |
| **Nursery** |  |  |  |  |  |
| **Library** |  |  |  |  |  |
| **Patio,** |  |  |  |  |  |
| **Parking Lot** |  |  |  |  |  |
| **Other (explain)** |  |  |  |  |  |
| **Total** |  |  |

**Group Representative:**

**I agree to all minimum requested donations, terms, and conditions.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Office Use:**  **Facility Request**  Received by Church: Date\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Custodial Requests / Adjustment / Notes:  Minimum Suggested Donation Due\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Church Representative**:  Minimum Donation Approved: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minimum Donation Received: Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Office:**  Key issued #\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Key returned # \_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date activity entered on Church calendar\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Original: Church Office, Copy 1: Trustees, Copy 2: Requestor, Copy 3: Custodian |