

EMPLOYEE ASSISTANCE PROGRAM

200 North Glebe Road, Suite 316
Arlington, Virginia 22203
(703) 228-8720 FAX (703) 875-2185

MEMORANDUM

Date

TO:

FR: Joe Chodkiewicz, Director, EAP

SUBJECT: SCHOOL FACILITIES USE REQUEST FORM

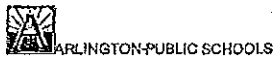
In order to be in compliance with School Board policy, the enclosed form is to be completed whenever a wellness activity, that requires use of facility space, is planned for your site. The completed form must be submitted to the Employee Assistance Program after approval by the Principal or Building Administrator. The planned activity should not begin until the form has received an approval signature from the EAP and has been returned to you.

This form is to be used regardless of whether the "Provider" of the activity is an outside resource or a School Board employee. It is important to note that any T-Scale employee serving as a "provider" must agree to conduct the activity only during **non-contract** hours. Because of liability issues, wellness activities are for the exclusive participation of School Board employees.

If your site has current activities already in existence, according to ASD policy procedures, the enclosed School Facilities Use Request Form still needs to be submitted to your Building Administrator and to the EAP.

If you have any questions, please call 703-228-8728.

Cc: Principal/Building Administrator



APPLICATION FOR COMMUNITY USE OF SCHOOL FACILITIES – NON-JOINT USE

(Not to be used for Thomas Jefferson, Gunston, Drew, Hoffman-Boston, Langston)

APPLICATION MUST BE SUBMITTED TO THE SCHOOL PRINCIPAL NO LESS THAN 20 DAYS BEFORE EVENT. IF APPROVED, PRINCIPAL WILL FORWARD APPROVED APPLICATION TO THE FINANCE DEPT. ALL FEES AND OTHER REQUIRED INFORMATION MUST BE SENT 14 DAYS PRIOR TO SCHEDULED EVENT TO: AFS FINANCE DEPT, 1428 N. QUINCY ST, ARLINGTON, VA 22207, ATTN: BUILDING RENTAL. MAKE CHECK PAYABLE TO ARLINGTON PUBLIC SCHOOLS.

1. School/Facility requested _____

Name and Title of Person In Charge of Activity _____

Address _____ (street) _____ (city) _____ (state) _____ (zip code)

Phone _____ (office) _____ (alternate)

Email _____

2. Individual or Organization _____

3. Specific space requested; (note: custodial charges will occur outside of normal building hours)

Rental	Additional Personnel	Special Equipment/Service
<input type="checkbox"/> Auditorium	_____	_____
<input type="checkbox"/> Auxiliary Gymnasium	_____	_____
<input type="checkbox"/> Black Box Theatre	_____	_____
<input type="checkbox"/> Cafeteria/MPR	_____	_____
<input type="checkbox"/> Classroom/Conference room (General Use)	_____	_____
<input type="checkbox"/> Classroom (Specific use) (art, computer lab, music, etc.)	_____	_____
<input type="checkbox"/> Gym (excludes Washington-Lee)	_____	_____
<input type="checkbox"/> Kitchen	Cafeteria Manager _____	_____
<input type="checkbox"/> Washington-Lee Gym	_____	_____
<input type="checkbox"/> Swimming Pools	_____	_____

4. Activity date(s)

Date	Hours (Beginning)	Hours (Ending)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Type of activity _____

6. Is the organization a non-profit? Yes (must provide evidence of non-profit status) - No

7. Is there a third-party contract or arrangement with a profit-making individual or organization? Yes No

8. Will the user collect fees? Yes No

Admission: Adults \$ _____ Children/Youth \$ _____

9. Number of people projected to attend: Adults _____ Children/Youth _____

10. Does the organization have General Liability insurance coverage? Yes No
(proof of coverage required - please see PIP 40-1.19 for specific information)

The undersigned agrees that he or she is familiar with, and will abide by the current version of AFS Policy 40-4.19 and PIP 40-4.19.1. The undersigned also agrees that he or she is authorized to sign below on behalf of any organization listed in item 1, and that such organization will be liable for any and all claims, damages, or expenses resulting from use of the school facility, including, but not limited to, damages to School Board property and costs, attorney's fees, expenses or damages resulting from the user's failure to comply with this agreement or any federal, state, or local law, regulation, or other requirement. The undersigned shall be personally liable for such obligations in the event that there is no organization listed in item 1, any such organization is not a valid legal entity, or any such organization is otherwise unable to pay. The undersigned shall ensure the prompt and proper adjustment of all such claims.

(signature) _____ (position) _____ (date) _____

NOTE: When schools are closed because of inclement weather, all facilities use is canceled. Users are responsible for notifying their memberships.

CALCULATION OF FEES BY SCHOOL PERSONNEL

Group 1 Group 2 Group 3 Group 4

1. RENTAL

	No.	x	Hrs.	x	Fee	=	\$
a. Auditorium Clean-up fee	_____	_____	_____	_____	_____	_____	_____
b. Auxiliary Gymnasium Clean-up fee	_____	_____	_____	_____	_____	_____	_____
c. Black Box Theatre Clean-up fee	_____	_____	_____	_____	_____	_____	_____
d. Cafeteria/MPR Clean-up fee	_____	_____	_____	_____	_____	_____	_____
e. Classroom/Conference room Clean-up fee	_____	_____	_____	_____	_____	_____	_____
f. Classroom - Specific purpose Clean-up fee	_____	_____	_____	_____	_____	_____	_____
g. Gym Clean-up fee	_____	_____	_____	_____	_____	_____	_____
h. Kitchen Clean-up fee	_____	_____	_____	_____	_____	_____	_____
i. Washington-Lee Gymnasium Clean-up fee	_____	_____	_____	_____	_____	_____	_____
j. Swimming Pools	_____	_____	_____	_____	_____	_____	_____
Subtotal \$							_____

2. PERSONNEL

	No.	x	Hrs.	x	Fee	=	\$
a. Custodian - limit 4 one-half	_____	_____	_____	_____	_____	_____	_____
b. Custodian - double time	_____	_____	_____	_____	_____	_____	_____
c. Cafeteria Manager	_____	_____	_____	_____	_____	_____	_____
d. Facility Event Coordinator	_____	_____	_____	_____	_____	_____	_____
e. House Manager	_____	_____	_____	_____	_____	_____	_____
f. Maintenance Technician	_____	_____	_____	_____	_____	_____	_____
g. Audio/Visual Equipment Technician	_____	_____	_____	_____	_____	_____	_____
h. Assistant Audio/Visual Equipment Tech	_____	_____	_____	_____	_____	_____	_____
i. Student Technician	_____	_____	_____	_____	_____	_____	_____
Subtotal \$							_____

3. SPECIAL FEES/EQUIPMENT CHARGES

	No.	x	Use/Hrs.	x	Fee	=	\$
a.	_____	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____	_____
Subtotal \$							_____
Total Due \$							_____

From: School Approved Disapproved

Signature of Principal/Designee _____

Reasons for Disapproval _____

FINANCE OFFICE USE

IRS 501(c)3 form submitted Yes No N/A _____

Liability insurance policy submitted Yes No N/A _____

Fees Received: Amount \$ _____ Date _____

Fees to Finance: Custodial/Cleanup \$ _____ Room Rental: \$ _____

Additional Personnel \$ _____ Special Fees/Equipment \$ _____

WAIVER

I, _____, hereby waive, release and discharge the
(Print Name)
Arlington Public Schools and its EAP Wellness Activities Program from any and all
claims of liability for death, personal injury or property damage of any kind or nature
whatsoever arising out of, or in the course of, my participation in this wellness event.

Type of Event

Signature

Date