

Calvary United Methodist Church
403 S. Main Street
Mount Airy, MD 21771
301-829-0358

Rules and Information for Use of CUMC Facilities
Form Approved by Trustees: 7/10/17

I. Statement of Purpose

Calvary United Methodist Church (CUMC) serves the community by making its physical facilities available for activities, gatherings, and meetings that are consistent with the social principles and ecumenical objectives of the United Methodist Church as stated in the United Methodist Book of Discipline and the Mission Statement of CUMC.

II. Approval Priorities for Eligible CUMC Facility User Groups (Emergency use always supercedes usual calendar users, i.e. funeral, local disaster, etc)

- A. First Approval Priority: Activities and events sponsored by CUMC.
- B. Second Approval Priority: Activities and events sponsored by CUMC members.
- C. Third Approval Priority: Non-profit organizations (e.g., volunteer groups, Scouts, Kairos).
- D. Fourth Approval Priority: Limited for private interest groups (e.g., wedding receptions, piano recitals, social service activities such as "New Mom's Group", "Speech Therapy for Stroke Survivors").
- E. Fifth Approval Priority: For-profit organizations.

III. Application and Agreement Requirements and Process

- A. Requirements: All groups and individuals using CUMC facilities must have on file with the church a currently effective, properly completed and signed Application and Approval form.
- B. Process: Request facility reservations by contacting the church office; the request must identify a contact person for the proposed activity. The church staff member provides information on available dates and notes requests on the church calendar pending Facilities Manager and/or Pastor approval. Requester must submit an Application and Approval form to the church office two weeks to one month (but not more than 90 days) before the first date of use. For long term use approval may be given by the entire Board of Trustees, and/or the Pastor.
- C. Special Permission for Use of the Sanctuary. The sanctuary is a place of worship. The Pastor must approve any request for use that has religious significance. The Facilities Manager and/or the pastor must grant special permission to use the sanctuary for non-religious events such as lectures or recitals.

IV. CUMC Facilities Available for Use

Accessibility: Most facilities are accessible to persons who have physical disabilities. An elevator is available in the building.

The room dimensions below are approximate:

- A. Sanctuary: 400 seating capacity, organ, choir stalls, piano, lecterns. Air conditioned. Sound system is installed but a paid tech must operate for event. Custodian might need to be paid as well.

B. Good Shepherd Hall 450 Seating capacity with chairs only; 288 seating capacity with chairs and tables. Adjoins the kitchen 80 x 60 (4800 sf). Air conditioned. Coatroom in hall. Stage. Sound system requires paid church tech.

C. Kitchen: two 4-burner electric range top/ovens, double sink, disposal, wash basins, refrigerator/freezer, dishwasher, warming cabinets, serving counter, coffee maker. No frying with grease, shortening, or oil is allowed. A kitchen supervisor might need to be present and paid.

D. Chapel: 40 seats

E. Auditorium: Seating for 100, tables, air conditioned, stage with minimal lightings. No sound.

F. Classrooms: 5 rooms with tables, chair accommodate 20

4 rooms with couches/chairs accommodate 6-20

G. Parking Lot: 88-car capacity. Handicapped parking areas.

V. Conduct While Using the Facilities

A. Appropriate decorum during the activity or event is expected of all users. In general, groups using the facilities must abide by the social policies and standards of the United Methodist Church.

B. Alcoholic beverages are not allowed inside the building or on church property.

C. Smoking is not allowed inside the building or on the grounds.

VI. Security Deposit and Janitorial Fee

A. A security deposit may be required at the discretion of the Trustees. The security deposit is refundable if the rules for facility use are followed and no damage occurs.

B. A janitorial fee may be required depending on the time and nature of the activity. The fee covers janitorial services and supplies needed for event clean up.

VII. Care of the Facilities (Cleaning supplies are available in custodial closets)

A. Users must leave the church facilities in the same condition as they find them and restore the facilities to their original order.

B. If kitchen equipment is used, it must be cleaned and properly returned to storage. Kitchen work surfaces and the floor must be left clean.

C. A cleaning fee will be assessed, at the discretion of the facility manager, if original order is not returned.

D. Users must bring their own paper cups, plates, tableware, tablecloths, sponges, etc. DO NOT USE CUMC kitchen items.

E. Before leaving:

1. Put away any chairs or tables that you set up.

2. Place all trash in the containers provided. Large amounts of trash should be bagged and placed in the dumpster in the parking lot.

3. Turn off the lights. (Some hallway lights are on 24 hours and cannot be turned off by the light switches.).

4. Secure doors and windows. Close the door of each room you have used when the last person leaves. Close and lock all exterior windows and doors. Pull on doors from the outside to confirm that they are locked.

F. Promptly notify the church use liaison person if: (1) you are unable to close and lock a window or exterior door, (2) damage to the facilities or equipment occurs, or (3) a potentially hazardous situation develops.

G. No animals are allowed in the church facilities with the exception of service animals.

VIII. Responsibilities

- A. The signer of the application for facility use, or a designated alternate person, is responsible for the actions of the user group at all times when they are on the church grounds. Promptly report damages to the building or equipment to the church liaison person by phone and in a written, signed, and dated note or letter. Full reimbursements must be made for damages caused by user groups.
- B. If the responsible person cannot attend the group's function, he or she must appoint a designated alternate person to be responsible and ensure that the alternate is provided a copy of the Rules and User Information. The application form must include the name, address, and phone number of the designated alternate who can be contacted in the event of schedule conflicts or other problems.
- C. When activities involve children or youth, responsible adult leaders must be at the meeting place 15 minutes before the scheduled meeting time and remain until the last child or youth has departed. The children or youth must be under the supervision of the adult leaders at all times. All activities involving children must comply with the CUMC's Safe Sanctuary Policy.

Donations

Donations may be requested, based on the schedule below. Trustees may adjust requests for donations according to the nature of the user group, the purpose of the activity, and the non-profit or for-profit status of the group or event.

Facility	Type of Use	Hourly Rate
Sanctuary	Lecture, recital	\$125.00
Sanctuary	Sacramental	Set by Pastor
Good Shepherd Hall	Community Interest groups	\$125.00+kitchen, if used
Good Shepherd Hall	Personal interest groups (receptions, recitals, private group meetings, etc.)	\$150.00+kitchen, if used
Kitchen	With equipment use	\$125.00 (no commercial use)
Auditorium	Any	\$75.00
Classrooms	Any	\$30.00
Fellowship Hall	Any	\$50.00
Janitorial Services	Minimum 2 hours	\$25.00 (includes set up and clean up)

Security Deposit – will be determined at the discretion of Trustees on a case-by-case basis.

Checks should be made payable to Calvary United Methodist Church. Indicate the group, facility, and date(s) of use on the check. Send checks to: Calvary United Methodist Church, 403 S. Main Street, Mt. Airy, MD 21771, within one week before single use and monthly for ongoing use.

Disclaimer

Calvary United Methodist Church, its staff, officers or volunteers will not be responsible for any disability or personal loss incurred on church property.

Application and Approval Form for Use of CUMC Facilities

To be completed after phone consultation regarding available dates and proposed purposes.

Return this form to: CUMC, 403 S. Main Street, Mt. Airy, MD 21771.

Name of group or individual _____

Date of Application _____

Facility Requested	Times/Hours Requested	Actual /CUMC
____ Sanctuary	_____ to _____	_____
____ Children's Classroom	_____ to _____	_____
____ Good Shepherd Hall	_____ to _____	_____
____ Adult/Youth Classroom	_____ to _____	_____
____ Kitchen	_____ to _____	_____
____ Library	_____ to _____	_____
____ Auditorium	_____ to _____	_____
____ Fellowship Hall	_____ to _____	_____

Date(s) of use _____ Time _____

Equipment Requested:

Number of Tables _____
Number of Chairs _____
TV _____
Laptop/Screen _____
Audio _____

For ongoing events: agreement to be in effect from _____ to _____

***Ongoing users will be requested to carry liability insurance with CUMC as the certificate holder. A certificate must be supplied to the church and renewed annually.*

Estimated attendance _____ **Age Level:** ___ Children ___ Youth ___ Adult ___ Intergenerational

Check: 0-12 13-18 18+

Donation agreed upon

Facility Use \$ _____

*Security Deposit \$ _____

Total \$ _____

By the following date _____ (for ongoing use check needs to be received by the end of each month), send check payable to Calvary United Methodist Church, 403 S. Main St, Mt. Airy, MD 21771.

References may be requested. *Security deposit will be returned one week following the event if all is in order. If there is any damage or if additional cleaning is needed, these charges will be deducted.

The undersigned agrees to abide by the conditions and rules set forth in the Rules and Information for Use of CUMC facilities. The undersigned will assume responsibility for damage, loss, or other liability arising from the use or misuse of the facilities. If problems or conflicts occur, CUMC reserves the right to limit or terminate the use privileges of the above named group or individuals.

Signature of Responsible Person _____ Date _____

(Print name below signature) _____

Position in group _____

Address _____

City, State, Zip _____

Phone Numbers Home _____ Office _____

(Provide same information about designated Alternate Responsible Person below.)

Approved: _____