

APPLICATION AND AGREEMENT FOR USE OF FACILITIES

Name of Organization: _____

Officially Represented By: _____
Name and Title (must be officer or have written permission)

Mailing Address: _____ Billing Address: _____

Email Address: _____ Telephone: _____

Non-Profit #: _____

- Facility Requested: Locke 1, Locke 2, Board Room, Locke 1 & 2, etc.

Set Up: U-Shape, Square, Classroom, Chairs Only

Equipment: Food Tables, Presenter Table, Overhead Projector, Screen, etc.

Purpose or Type of Use: _____ Will be used for: Monthly, One Time, Other

Date(s) requested: _____ Day(s) of the week (circle): M Tu W Th F Sa Su

Hours: From: _____ To: _____ Expected number of attendance: _____

Proceeds to be used for: _____

APPLICATION AND AGREEMENT FOR USE OF THE FEDERAL BUILDING

Name of Organization: _____

Officially Represented By: _____ Name and Title (must be officer or have written permission)

Mailing Address: _____ Billing Address: _____

Email Address: _____ Telephone: _____

Non-Profit # _____

Set Up: _____

Equipment: Food Tables () Presenter Table () Projector () Screen () Easel () Podium () Stage ()

Purpose or Type of Use: _____ Will be used for: Monthly () One Time () Other ()

Date(s) requested: _____ Day(s) of the week (circle): M Tu W Th F Sa Su

Hours: From: _____ To: _____ Expected number of attendance: _____ Will food be served? Yes () No ()

Proceeds to be used for: _____

Will alcoholic beverages be served? Yes () No ()

Charging for alcoholic beverages? Yes () No () Note: Answer Yes if charge is included in meal ticket, drink ticket, or admittance.

If Yes, obtain temporary license to serve alcohol, insurance provision to serve alcoholic beverages, and additional fees may be incurred to cover costs of security guard(s).

Note: If requesting to serve alcohol, all conditions as listed in the Facility Use Policy AR 1330 (c) must be met and Request to Serve Alcohol Application must be completed and approved.

APPLICATION AND AGREEMENT FOR USE OF THE STEM DEPARTMENT FACILITIES

Name of Organization: _____

Officially Represented By: _____
Name and Title (must be officer or have written permission)

Mailing Address: _____ Billing Address: _____

Email Address: _____ Telephone: _____

Non-Profit # _____

Durham Ferry Outdoor Education Center Facility Requested:
Classroom 3 () Classroom 5 () Pavilion () Covered Arena () Restrooms ()

Lab Facility Requested:
Fab Lab () Harmony Grove Lab ()

Set Up: _____

Purpose or Type of Use: _____ Will be used for: Monthly () One Time () Other ()

Date(s) requested: _____ Day(s) of the week (circle): M Tu W Th F Sa Su

Hours: From: _____ To: _____ Expected number of attendance: _____ Will food be served? Yes () No ()

Proceeds to be used for: _____

INSURANCE REQUIREMENTS:

SAN JOAQUIN COUNTY OFFICE OF EDUCATION REQUIRES A CERTIFICATE OF INSURANCE DOCUMENT FROM YOUR INSURANCE COMPANY BEFORE YOUR USE OF FACILITIES REQUEST CAN BE APPROVED. Certificate of general liability insurance (and provision to serve alcoholic beverages if applicable) providing evidence of bodily injury insurance with limits of not less than \$300,000 for each person, \$1,000,000 for each accident, and \$100,000 of property damage. The following statement must be on the certificate: SAN JOAQUIN COUNTY OFFICE OF EDUCATION IS NAMED AN ADDITIONAL PARTY INSURED. Additional insured endorsement will put San Joaquin County Office of Education directly on your policy only for the length of time the facility is being used by your organization. Your insurance agent can provide the required certificate and endorsement. Insurance not required for Electric Vehicle Charging Station use.

AFFIDAVIT IN ACCORDANCE WITH EDUCATION CODE § 40057:

The undersigned states that, to the best of his/her knowledge, the property for use of which application is hereby made, will not be used for the commission of any act intended to further any program or movement, the purpose of which is to accomplish the overthrow of the Government of the United States by force, violence or other unlawful means. That this organization on whose behalf he/she is making application for use of property, does not, to the best of his/her knowledge, advocate the overthrow of the Government of the United States or the State of California by force, violence, or other unlawful means, and that to the best of his/her knowledge it is not a communist-action organization or communist-front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

TOBACCO-FREE SCHOOLS:

The undersigned states that, he/she understands products containing tobacco and nicotine, including, but not limited to, smokeless tobacco, snuff, chew, clove cigarettes, and electronic cigarettes that can deliver nicotine and non-nicotine vaporized solutions are prohibited at all times, including weekends and evenings, on all property owned, leased, or operated by SJCOE. This prohibition includes, but is not limited to, all buildings, schools, storage areas, SJCOE-owned vehicles, parking lots, vehicles parked in parking lots, athletic fields, trails, and patio areas.

FIREARMS ON SCHOOL GROUNDS:

The undersigned states that, he/she understands possession of a firearm on or within 1,000 feet of all property owned, leased, or operated by SJCOE is prohibited at all times, including weekends and evenings, except under the limited circumstances specified in Penal Code 626.9. This prohibition includes, but is not limited to, all buildings, schools, storage areas, SJCOE-owned vehicles, parking lots, vehicles parked in parking lots, athletic fields, trails, and patio areas.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT:

Notwithstanding any insurance coverage which may be in effect, and in addition to any additional undertakings referred to herein, Applicant agrees at all times to protect, indemnify, and hold the San Joaquin County Office of Education, its Board, officers, members, representatives, agents, guests, invitees, and/or employees free and harmless, and to provide legal defense, from any and all liabilities, claims, losses, judgments, damage, demands or expenses resulting from the Applicant's use or occupancy of the San Joaquin County Office of Education's facilities and/or the active or passive negligence of the Applicant, specifically including, without limitation, any liability, claim, loss, judgment, damage, demand, or expense, arising by reason of:

- (1) the loss or damage to any of the San Joaquin County Office of Education's facilities including any building, structure, or improvement thereon, or any equipment to be used therein;
- (2) the injury to or death of any person including, but not limited to, the officers, members, representatives, agents, guests, invitees, and/or employees of the Applicant or of the San Joaquin County Office of Education; or,
- (3) damage to any property arising from the use, possession, selection, delivery, return, condition or operation of the San Joaquin County Office of Education's facilities.

Applicant further agrees to reimburse the San Joaquin County Office of Education for all liabilities, claims, losses, judgment, damage, demands, expenses, fines, penalties, including reasonable attorneys' fees imposed or incurred by the San Joaquin County Office of Education because of the Applicant's use or occupancy of the San Joaquin County Office of Education's facilities and/or active or passive negligence of the Applicant.

THIS AGREEMENT SUPERSEDES ANY OTHER HOLD HARMLESS AND INDEMNIFICATION AGREEMENT RELATIVE TO USE OF SAN JOAQUIN COUNTY OFFICE OF EDUCATION FACILITIES.

Applicant Signature

Date

REQUEST TO SERVE ALCOHOL APPLICATION

Name of Organization: _____

Address: _____

Contact Name: _____

Phone: _____ Email Address: _____

We would like to request permission from the Superintendent to serve alcohol at our function at the San Joaquin County Office of Education facilities on (date) ____/____/____ between the hours of _____ and _____.

We understand that in order to serve alcohol, we also must meet the following conditions:

1. The proper liquor license must be obtained by us or provided by our caterer (when alcohol is directly sold or admission is charged).
2. We must have _____ security guard(s) present from one hour before to one hour after our event (*see statement below*).
3. All conditions as listed in the Facility Use Policy (AR 1330) and as noted below must be met.

ALCOHOLIC BEVERAGES GENERAL GUIDELINES

- a. Any renter wishing to serve alcohol must complete the Request to Serve Alcohol Application and receive written permission from the Superintendent prior to the event.
- b. If permission to serve alcohol is granted, alcohol may be served free of charge to the guests of a private party.
- c. Any renter wishing to offer alcohol for sale, or charge admission to an event where alcohol will be provided, must either use a caterer that has a liquor license or obtain a temporary license from the California Department of Alcoholic Beverage Control.
- d. When alcohol is being offered for sale, admission is charged to an event where alcohol will be provided, or when alcohol is served to groups of 75 or more, at least one security guard must be present for the time period of one hour before the event to one hour after the event or until the participants have left the premises. For groups greater than 200, two security guards are required. Security guard charges will be applied to the facility use agreement.
- e. When alcohol is served to groups of 75 or less without charge and there is no bar, the requirement for a security guard may be waived.

OFFICE USE ONLY:

Permission is granted to serve alcohol at this event on the above date and time provided all conditions are met.

Yes () No ()

APPROVED: _____ DATE: _____

County Superintendent of Schools

OFFICE USE ONLY:

FEES: As per Facilities Fee Schedule

Facility use _____ hours @ \$ _____ = \$ _____

Facility use _____ hours @ \$ _____ = \$ _____

Facility use _____ hours @ \$ _____ = \$ _____

() Custodian _____ hours @ \$ _____ = \$ _____

() Security Guard _____ hours @ \$ _____ = \$ _____

Repair or damage to facilities: _____ = \$ _____

TOTAL \$ _____

Documentation Received:

Insurance Certificate: Yes () No () N/A ()

Request to Serve Alcohol Application: Yes () No () N/A ()

Liquor License: Yes () No () N/A ()

Required Security Guards for Event: One () or Two ()

Invoice: _____