

PLEASE READ FORM IN ITS ENTIRETY PRIOR TO SIGNING

APPLICATION FOR USE OF MCBH CHAPEL FACILITIES (rev.23/11/16)

THE PERSON SIGNING THIS FORM MUST PERSONALLY HAND DELIVER IT TO A CHAPEL STAFF PERSONNEL.

As the **eligible person*** and/or sponsor requesting MCB Hawaii Chapel facilities usage, I assume responsibility for my activity, ensuring that it will be conducted appropriately. I further understand that:

Scheduling. The order of priority governing chapel facility usage is: MCBH CO directed use and scheduled command religious activities, other religious activities, and other activities (schedule permitting).

PRINT RANK AND NAME _____ (MUST BE AN **E-6 OR HIGHER** TO COMPLETE OR SIGN FORM)

I assume responsibility for this activity, and I am held accountable both for the actions of the participants and the condition of the facility and its equipment. I ensure that the chapel facility will be secured after the event if no staff is on premises.

Guests and Participants. The eligible person sponsoring an activity is responsible for the entry of guests onto the Base. All persons participating in or attending an activity at the chapel facility shall comply with current regulations concerning entry onto the Base and personal conduct while aboard, including the operation of private vehicles.

Condition of the Chapel Facility. (Initial before each item)

___ **The Chapel Facility will be left in the same condition as it was prior to the activity. Carpets will be vacuumed, floors swept and trash taken out. TRACKED IN MUD ONTO CARPETS WILL BE STEAM CLEANED OR PROFESSIONALLY CLEANED BY THE SPONSOR; REMOVE BOOTS IF NECESSARY.**

___ **Upon completion, conduct a walk through with chapel staff of the areas used.**

___ At **NO** time will weapons be allowed inside or on the Chapel grounds **THE ONLY EXCEPTION WILL BE FOR THOSE WHO ARE CURRENTLY ON DUTY AND PMO.**

___ Contact the Chapel immediately (257-3552) regarding cancelation or date/time changes. **Chapel usage will be suspended to those who do not show up and do not call to cancel or reschedule.**

___ After use of any Chapel classroom unit will sweep and swab the deck.

___ No fund raisers of any kind are permitted in the chapel or on chapel property.

___ **Religious items (altars, candles, sacred books, etc.) will not be moved without permission from chapel staff.**

___ **Furniture and equipment are not to be moved without permission.**

___ **No food, drinks** (except water in a covered container), **or spit bottles** are allowed in the Chapel Sanctuary. The lanai area on the side of the chapel can be used for fellowship (If food is served in the lanai area, the area must be cleaned).

___ A minimum of three working days is required for reservations.

___ Smoking is only permitted 50ft away from the Chapel, Alcohol is **NOT** permitted.

___ **Units must check out a key when using facility before/after working hours.** Key will be returned the next working day to the chapel staff.

___ Children must be supervised. Sitters other than parents must meet Base requirements for child supervision.

___ Ensure room/chapel lights are turned off after use.

___ **Chapel Parking spaces are reserved for Chapel staff only.**

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PRIVACY ACT STATEMENT: UNDER AUTHORITY OF 5 USC 301, DEPARTMENTAL REGULATIONS INFORMATION IS REQUESTED TO IDENTIFY APPLICANTS FOR USE OF THE CHAPEL AND OR THE RELIGIOUS EDUCATION CENTER FOR ALL SPECIAL RELIGIOUS ACTIVITIES OR OTHER EVENTS. THE INFORMATION WILL BE USED BY THE OFFICE OF THE CHAPLAIN FOR IDENTIFICATION PURPOSES. COMPLETION IS OPTIONAL. HOWEVER, FAILURE TO COMPLY MAY RESULT IN DISAPPROVAL.

NAME OF SPONSOR: _____ E-MAIL: _____
COMMAND/UNIT: _____ DUTY/CELL PHONE: _____
ALTERNATE POC: _____ DUTY/CELL PHONE: _____

FACILITY RESERVED

☐ MAIN CHAPEL ☐ SMALL CHAPEL ☐ RM 28 ☐ RM 29 ☐ RM 30 ☐ RM 31 ☐ RM 32
☐ CONFERENCE RM ☐ TODDLER RM ☐ KITCHEN ☐ LANAI ☐ CRY RM ☐ Sacristy (Wedding Only)

EVENT DESCRIPTION _____

ESTIMATED ATTENDANCE _____ (Not to exceed fire code)

☐ ONE TIME EVENT ☐ RECURRING EVENT (valid for 3 months)
DATE _____ DATE (S) _____

DAY(S) OF THE WEEK (circle) SUN MON TUE WED THU FRI SAT

TIMES (Including setup and cleanup) Start _____ Finish _____

AV SUPPORT** (circle all that apply) MICROPHONES SPEAKERS PROJECTOR DVD CD

I CERTIFY THAT I HAVE READ AND UNDERSTAND AND WILL COMPLY WITH THE REQUIREMENTS OF THIS
MEMORANDUM

Signature of Sponsor DATE

AUTHORIZING OFFICIAL NAME (PRINT) _____

(AUTHORIZING OFFICIAL SIGNATURE)** _____

NOTE: Chaplains reserve the right to reschedule or rescind this reservation, and will contact the sponsor if this occurs.

****only a Common Access Card (CAC) with USMC certifications can be used in the AV computer. Units without CACs that contain USMC certifications may bring their own laptop.**

****Fridays, if unit reserves the chapel past 1400 hours a 3-5 person working party will be required. No unit will be allowed to reserve the chapel past 1500 hours.**