

JBM-HH CHAPEL USE REQUEST FORM

Today's Date: _____

Chapel Requested:	<input type="checkbox"/> Memorial Chapel	<input type="checkbox"/> Old Post Chapel
Requesting Organization:	<input type="checkbox"/> Catholic	<input type="checkbox"/> Gospel
	<input type="checkbox"/> Protestant	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Unit **:	<input type="checkbox"/> Other **:

**** Notes:** Memorial Chapel is only available to outside units or organizations (non-Chaplain sponsored events and groups) during **normal business hours**, typically Monday-Friday, 0830-1600.
Old Post Chapel is not available to outside units or organizations at any time.

Requested Rooms:	<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Kitchen
	<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Conference Room
	<input type="checkbox"/> Counseling / Family Room	<input type="checkbox"/> Blessed Sacrament
	Other: _____	

Event / Program: _____		
Requested Date: _____	Attendance: _____	
Recurring Event??: <input type="checkbox"/> N/A	<input type="checkbox"/> Weekly:	
<input type="checkbox"/> Monthly:	<input type="checkbox"/> Quarterly:	
Time of Request: (include set-up and tear-down)	Start Time: _____	End Time: _____
Time of Event:	Start Time: _____	End Time: _____
Requested Equipment: (Note any A/V requests or other equipment inquiries.)		

Will you require a key for this event? (Keys are signed out to Chapel Staff or Sponsoring Religious Support Team personnel only. All other requests for keys are considered on a case-by-case basis and require approval from the RSO NCOIC.)	If yes, which POC will sign for the key?: _____
	NCOIC Approval: _____

Point of Contact (Who will be responsible for entire event?):	
Name: _____	Email: _____
Phone: _____	Unit / Rank / Position: _____

Sponsoring Chaplain / Religious Affairs Specialist / Religious Program Specialist (if applicable):	
Name: _____	Email: _____
Phone: _____	Unit / Rank / Position: _____

Alternate POC:	
Name: _____	Email: _____
Phone: _____	Unit / Rank / Position: _____

Additional Notes or Requests:

STATEMENT OF UNDERSTANDING	INITIALS
I understand that as the Requesting POC, I am responsible for the following:	
Set-up and tear-down. (The RSO will provide one Soldier for assistance with set-up and tear-down, but the requesting unit/organization will provide personnel--a small detail of 2-3 personnel, depending on the event--to do the work.)	
Contents and furnishings of the Chapel used during the event. (The supporting RSO Staff Member will give guidance about what altar furniture can be moved. Do not move anything without an RSO Staff Member present.)	
Audio/Visual/S6 support during the event. (The RSO will provide one Soldier to assist during rehearsal and to familiarize the A/V/S6 POC with the Chapel equipment, but the requesting unit/organization will provide an A/V/S6 POC to run the equipment during the event.)	
Returning Chapel to pre-event set-up and condition.	
Securing external doors and all windows.	
Picking up and returning key to building (if applicable) within one business day of the event. (This option is for RST members only.)	

I have read and will comply with the above-listed directives for the Chapel and I accept responsibility for its contents and furnishings during the timeframe of the event. I further agree to restore the building and its contents to the same condition as I found it. I will take special care to protect the building and I understand that I am fully responsible for the facility during the event. I further understand that JBM-HH Chapels are not staffed or funded to provide support for non-religious, secular, or organizational programs. Groups must provide their own labor or Chapel set-up before their event and must complete all required tear-down and clean-up after their event. Equipment and supplies must be provided by the requesting organization, as well, unless prior coordination is made with the JBM-HH RSO NCOIC.

POC Rank and Name: _____	Signature: _____
Chapel Staff Rank and Name: _____	Chapel Staff Signature: _____

Date this form was processed: _____