

REQUEST FOR USE OF CHAPEL FACILITY

Date Required By the Privacy Act of 1974 (U.S.C 552a) Revised: 19 November 2014

AUTHORITY: 51 U.S.C., Section 301

PRINCIPAL PURPOSES (s): Use of Chapel Facility

ROUTINE USES: None Authorized

DISCLOSURE: Information is voluntary; however, Chapel facility may not be made available if information is not provided

In approving this request, the sponsoring chaplain affirms the event listed below is supported by the CMRP (Command Master Religious Program) AR 165-1, or other regulations pertaining to mission support activities. Only those activities or events as described herein are eligible for the allocation of chapel resources. The physical presence of the Sponsoring Chaplain, or their Assistant, is required throughout the duration of any and all events. Prior to any event a facility usage requests must be processed; approved, signed and properly filed in the Argonne Hills Chapel Center Office. The RSO does not accept or entertain telephonically or electronically generated requests.

To reserve the chapel for wedding usage, requestors must schedule an appointment with the Family Life or their Sponsoring Chaplain. Memorial Ceremonies/Services and other Command-Sponsored activities have priority and may replace/bump previously scheduled events. A reservation does not guarantee chapel usage and availability. The Religious Support Office (RSO) will work to honor your request. However, please know and understand priority usage is situation dependent. Wedding and Event Planners need beware cancellations could come with little or no notice. The RSO strongly suggests you consider an alternative plan in the unlikely event of cancellation. The RSO does not promise, imply or extend 100% reservation assurance.

Sponsoring Chaplain's Approval: _____ **Date:** _____
(PRINT AND SIGN)

(Sponsoring Chaplain must sign before this sheet is turned in at Argonne Hills Chapel Center Office)

(PLEASE PRINT)

TURN-IN DATE of APPLICATION: _____
(DAY) (MONTH) (YEAR) (TIME) (CLERK's INITIALS)

NAME OF REQUESTER: _____

EMAIL: _____

PHONE: _____ (WORK) _____ (HOME/CELL)

Description of Event (explain in detail):

GROUP: Catholic Community: Post Chapel: ___ Chapel Center: ___ Cavalry Chapel: _____

Cavalry Chapel Protestant: ___ Post Chapel Protestant: ___ Chapel Center Protestant Gospel: _____

Liturgical: ___ Apostolic ___ Jewish: ___ Muslim: ___ or Other Organization: _____

LOCATION OF ROOMS & CAPACITY

(circle requested location)

CHAPEL CENTER

Sanctuary ___ Seminar Room ___ Fellowship Hall ___ Kitchen ___
Class Room Adults ___ Class Room Children ___

MAIN POST CHAPEL

Sanctuary ___ Social Hall ___ Fellowship Hall ___ Kitchen ___

CAVALRY CHAPEL

Sanctuary ___ Social Hall (Back Wing) Fellowship Hall ___ Kitchen ___

DATE OF SINGLE EVENT: _____

TIME OF EVENT: START TIME: _____ **END TIME:** _____

AMOUNT OF ATTENDEES: _____

EQUIPMENT REQUESTED: _____

FOR RECURRING EVENTS ONLY: MUST SUBMIT QUARTERLY (BASED OFF FISCAL YEAR)

QUARTER 1ST Oct-Dec ___ 2ND Jan-Mar ___ 3RD Apr-Jun ___ 4TH Jul-Sep ___

FREQUENCY OF EVENT _____

DATES OF EVENT:

TIME OF EVENT: START TIME: _____ **END TIME:** _____

STAFF NOTES

Official RSO Approval: _____ Date: _____

(PRINT AND SIGN)

USER RESPONSIBILITIES

All chapel facilities are designated as non-smoking and alcohol free areas.
Eating and drinking are reserved ONLY for the fellowship hall and seminar room areas.
A responsible adult must accompany children under age 12 while in the chapel facility.

The copy machine is for chapel staff use only.

During regular office hours, only emergency messages will be passed on to users of chapel facilities.

You are ONLY allowed to use the room (s) requested.

CHILD WATCHCARE PROGRAM

Child Watchcare is provided for chapel sponsored groups and activities only (i.e., Worship, Sunday School, PWOC, etc.). Child Watchcare must be coordinated through the Chapel Watchcare Coordinator by filling out the request form and placing it in the Watchcare Coordinator's box. She will then confirm the scheduling and use of the nursery in any building. Parents must be on the premises in order to use watchcare.

Children for NON-CHAPEL GROUPS must be coordinated through the Chapel Watchcare Coordinator for use of the nursery, but actual childcare is contracted with Child Development Services. Supplemental Program Services Director or Short Term Alternate Child Care by calling (301) 677-7712. Outside groups must provide their own refreshment supplies, audio-visual equipment, diapers, wipes, cleaning supplies and all other support resources.

CLEAN UP REQUIREMENTS:

All utilized areas must be clean after use. Floors must be vacuumed or swept. Contact the NCOIC for information on location of cleaning supplies.

All trash must be removed from the building and taken out to the dumpster in the back parking lot.

All rooms must be returned to the original furniture configuration. See diagram posted in each room for exact requirements.

Kitchen: If the kitchen is used, supplies and utensils must be returned to their original storage areas and the kitchen thoroughly cleansed. You are asked to bring your own towels rather than rely upon the availability of chapel resources. But if chapel towels are used, then hang them up to dry. The kitchen may be locked unless you specifically request to use it.

Complete checklist and turn in to RSO staff.

SECURITY: When You Are The Last In The Building!

You are required to do the following:

- Check to see that all electrical equipment is turned off (coffee pot, etc.).
- Check all doors and lock all doors.
- Check all lights, to include bathrooms, and turn them off.
- Sign the security checklist sheet SF701

Chapel activities take precedence in scheduling chapel space. Memorial Ceremonies/Services and other command sponsored Activities such as religious services, may replace previously scheduled events. Non-compliance with the above items will result in a warning to the user to take corrective actions. If non-compliance persists after warning, **TERMINATION** of use of the chapel facility will occur.

Requestor's Statement: I have read the above USER RESPONSIBILITIES and agree to adhere to them.

Signature of Requestor: _____ Date _____

(PRINT AND SIGN)

(Original for the office files: Photocopy to requestor)