

St Joseph's Parish Center Usage Instructions

1. **DONATION REQUIREMENTS:** In order to keep the Parish Center in proper repair, an applicable donation is required to be able to use this building. Please see enclosure (1) to determine your applicable fee.
2. **DATES:** Most requests for dates can be accommodated. The following times are not available: September through the beginning of May the Parish Center is not available on Sunday mornings and Monday evenings. The week before the first Saturday of December is unavailable due to setup for our annual Christmas Fair.
3. **TIMES:** The Parish Center is available for use from 8:00 AM until 11:30 PM. Out of courtesy to our neighbors, all music must end at 11:00 PM. The earliest set up can begin is 6:00 AM.
4. **FORMS:**
 - **Reservation Form:** This should be completed and returned to us as soon as possible along with the applicable donation amount and the refundable security deposit. No reservation will be held until receipt of these funds. See enclosure (2)
 - **Parish Center Cleaning Checklist:** Enclosure (3) is a cleanup checklist. In order to have your security deposit returned, it must be signed off on by the Church sexton following the event.
 - **Parish Center Main Hall CCD Set Up Diagram:** CCD classes are held on Sunday morning at 9:00 AM. Failure to set up the main hall in accordance with the set up diagram will result in loss of security deposit. See enclosure (4).
 - **Liability Insurance:** This form must be completed in full and sent to the address indicated along with the \$120.00 fee. This must be received by the Diocese at least 15 days prior to the event. See enclosure (5).
 - **Facility Usage/Indemnity Agreement:** This form is for individuals/organizations that have their own liability insurance coverage. This form must be completed and returned to us *with a Certificate of Liability Coverage*. See enclosure (6).
5. **KITCHEN USE:** The use of the kitchen requires an additional fee. All silver ware and dishes are locked and should not be used unless you have permission from the parish office. Organizations that use the kitchen must supply their own towels and pot holders.
6. **CLEAN UPS:** Cleaning up is required immediately following the event unless other arrangements have been made in writing with the Pastor. Failure to return the Parish Center to the condition it was turned over will result in loss of the security deposit and prevent reuse of the facility for 5 years.
7. **PARKING:** Do not park on the grass around the Parish Center. Overflow parking is available across the street by the Veterans Memorial.
8. **SAFETY:**
 - **Fire Alarm System:** The alarm system in the Parish Center only activates within the parish center. If a fire alarm goes off, please call 911 to notify local safety officials.
 - **Emergency Exits:** Do not block any emergency exits.
 - **Alcohol Usage:** Using individuals and organizations are responsible to ensure all laws are followed concerning alcohol consumption. Alcohol may only be sold by licensed individuals.
 - **Maximum Crowd Size:** The maximum number of people allowed in the main parish hall for a dinner or dance is 310 people.
9. **POINTS OF CONTACT:** If you should have any further questions please call the parish secretary at 526-5495 or via email at StJosephChester@gmail.com.

St Joseph's Parish Center Donation Levels

Donation Level One: Parish events (i.e. funeral receptions, Youth Ministry, Senior Luncheon, Mom's Group, etc), parish affiliated organizations (i.e. Legion of Mary, Knights of Columbus), public safety agencies (i.e. Red Cross Blood Drive), and local service organizations conducting events at no charge for the benefit of the community (i.e. Senior's Dinner).

- No donation required for use of parish center or kitchen facilities.

Donation Level Two: Private usage for parishioner events (i.e. parties, wedding showers, birthdays).

- Parish Center Main Hall \$200, One Classroom \$25 (Max 20 people), Two Classrooms \$50 (Max 40 People), Kitchen usage \$50. Security deposit \$100.
- Fees will be waived for those parishioners who donate over \$500 per year to the Church or who are actively involved in a parish ministry.
- Donation and security deposit are required to confirm a reservation.

Donation Level Three: Parishioner sponsored concerts and community dances. Chester and Deep River located non-profits, government, and service agencies fundraisers or meetings (i.e. Tri-Town Football, Lions, Rotary, Town of Deep River, American Legion, Town of Chester, Historical Society).

- Parish Center Main Hall \$300, One Classroom \$50 (Max 20 people), Two Classrooms \$100 (Max 40 People), Kitchen usage \$75. Security deposit \$150.
- Donation and security deposit are required to confirm a reservation.

Donation Level Four: Non-profit and service agencies located outside of Chester or Deep River.

- Parish Center Main Hall \$500, One Classroom \$100 (Max 20 people), Two Classrooms \$200 (Max 40 People), Kitchen usage \$200. Security deposit \$200.
- Donation and security deposit are required to confirm a reservation.

Donation Level Five: Non-parishioner private events (i.e. parties, dances, wedding receptions, etc.), and usage by private clubs or social organizations.

- Parish Center Main Hall \$750, One Classroom \$100 (Max 20 people), Two Classrooms \$200 (Max 40 People), Kitchen usage \$300. Security deposit \$300.
- Donation and security deposit are required to confirm a reservation.

Donation Level Six: Rental of Chairs and Tables For Home Events.

- Available only for parishioners who donate more than \$500 per year to the Church or who are actively involved in a parish ministry. These parishioners may rent chairs for \$1 each and tables for \$10 each to use in their home for private functions. Chairs and tables must be returned the day following the event.

All users of the parish center must have insurance. The donation to St. Joseph's does not include the cost of obtaining insurance through the Diocese of Norwich.

Enc 1 (1)

St Joseph's Parish Center Reservation Form

Donation Level: 1 2 3 4 5

Date: / / Start Time: ____:____ AM/PM End Time: ____:____ AM/PM

Family/Organization Name: _____

Address: _____

City, State, Zip _____

Phone: () -- Other Phone: () --

Please specify your needs:

- ☐ Do you need to use the Main Hall? _____
- ☐ Do you need to use class rooms? _____ Please specify: _____
- ☐ How many people are attending the function? _____
- ☐ How many tables will you need? _____
- ☐ Will you require use of the kitchen, including all center utensils ? _____
- ☐ Will event be catered ? _____ Name of caterer: _____
- ☐ Do you require use of the center microphone/sound system? _____

Conditions for Use of St. Joseph's Parish Center:

Receipt of your donation and applicable refundable deposit will hold your reservation. This deposit will be returned after an inspection is made of the parish center, and a parish staffer has determined that everything has been returned to its previous condition. Please find a detailed checklist attached. After a parish staffer has checked the overall condition of the center, having satisfactorily completed the checklist, the deposit will be returned.

Set-up of tables & chairs are the responsibility of the family/organization using the center. This includes church organizations. However, parish staffers will help as much as possible with family funeral receptions. **Use of glitter is not allowed.**

(I, we), the above, agree to the terms herein specified pertaining to the use of St. Joseph's Parish Center.

Signature: _____ Date: / /

Amount of Donation: _____ Amount of Deposit: _____

Enc/2

St Joseph's Parish Center Clean Up Checklist:

Name of Group: _____ Date Reserved: _____

Contact Person: _____

General Principle: St. Joseph's Parish Center should be left in the same condition and configuration as you found it, unless otherwise instructed.

All lights off (including bathrooms)	
All faucets off (including bathrooms)	
Bathrooms cleaned	
All fans off	
Floors swept and mopped if needed	
All furniture and dividers/partitions returned to former position (See diagram page for further instructions.)	
Trash removed and emptied in dumpster	
Bottles and cans removed	
All doors locked	
Keys returned	
Kitchen checklist (if kitchen was used)	
Be sure pilot lights are lit and burners are off (total of 3)	
All surfaces wiped down	
Burner covers removed and washed in sink	
Kitchen floor mopped thoroughly	
Check drip trays in stove and change aluminum foil if needed	
Inventory to be sure that only trays, dishware, and implements that DO NOT belong to the parish center are removed	
Refrigerator emptied	
Kitchen utensils washed and stowed	

Damages to the Center? _____

If yes, please specify: _____

Comments:

User Signature: _____ Date: /

Sexton Signature: _____ Date: /

Determination as to return of deposit: _____

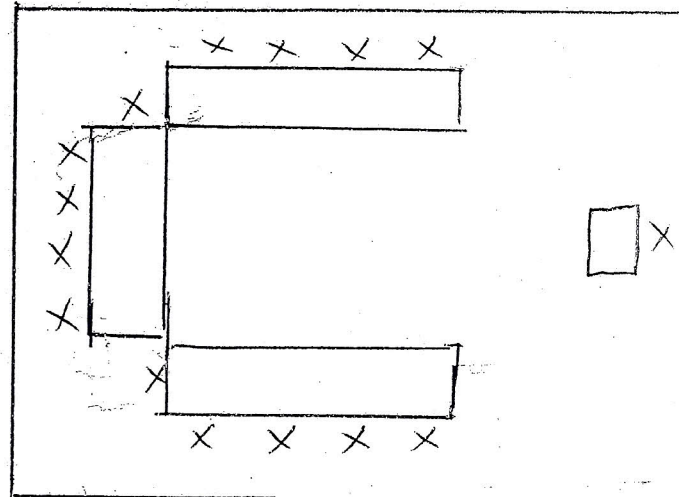
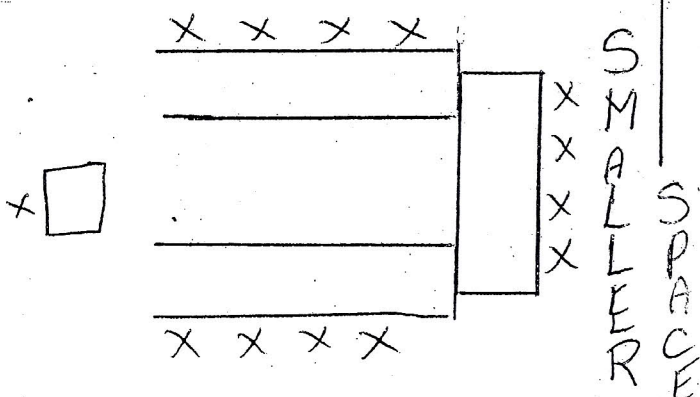
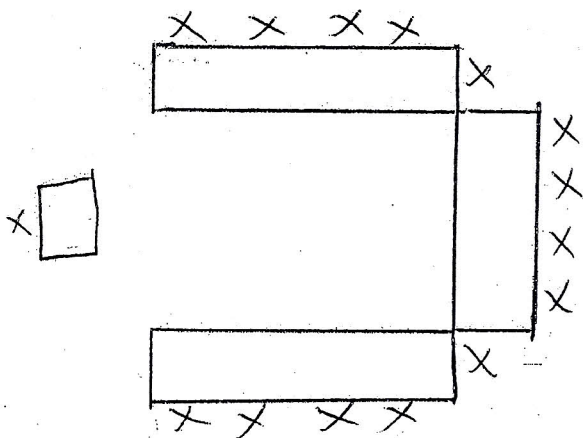
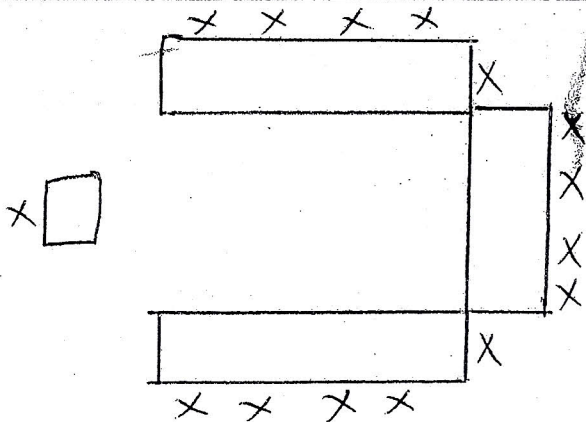
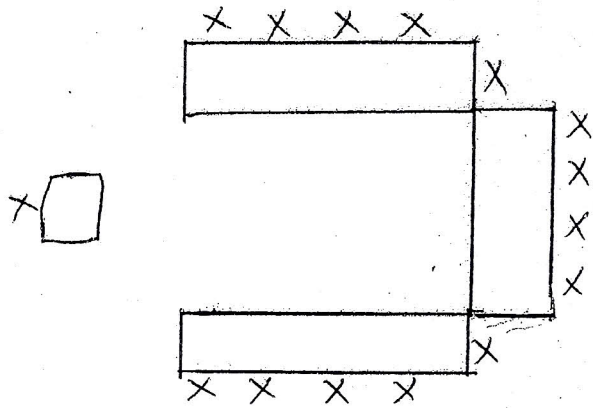
Secretary Signature: _____ Date: /

Enc/ (3)

AUDITORIUM

STAGE

ALL LONG TABLES



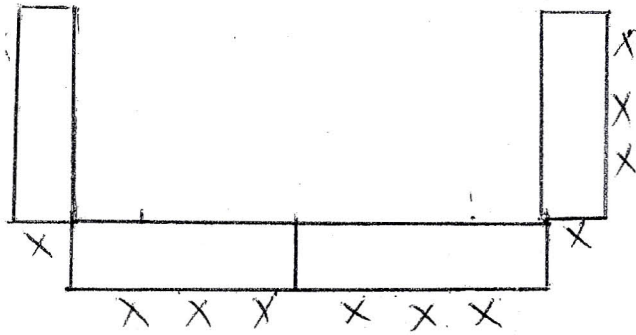
ENTRANCE

PLEASE
eliminate chairs
w/ missing rubber
feet - HERE
and in the
HALL

Encl (4)

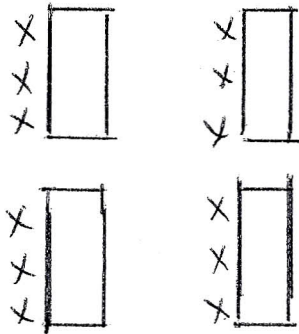
HALL

CLASSROOMS

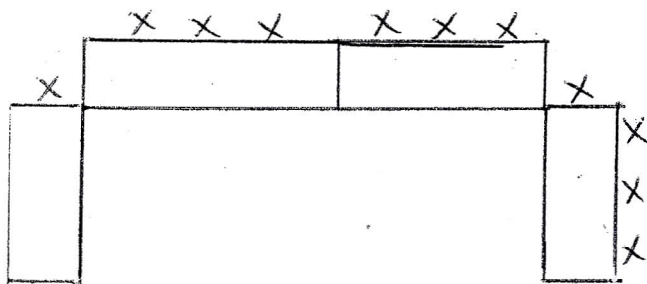


TO OFFICE

6



5

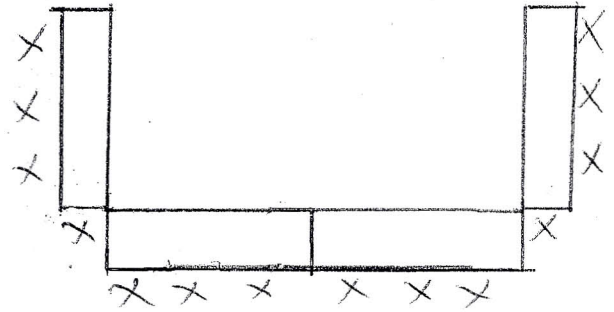


4

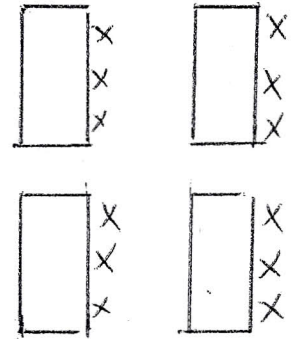
ALL SHORT TABLES
EXCEPT ONE LONG
IN ROOM 3



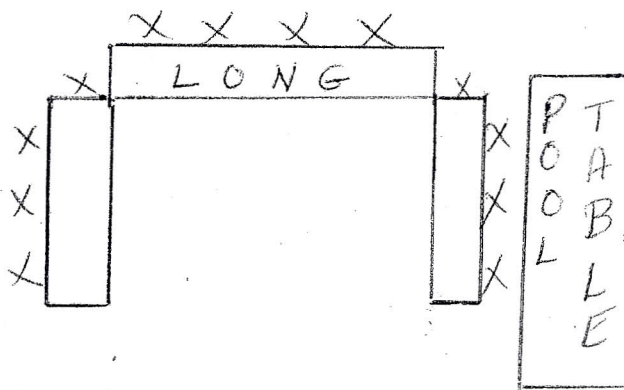
1



2



3



DIOCESE OF NORWICH - 0190
APPLICATION FOR SPECIAL EVENTS COVERAGE

Name of Parish or Institution: _____

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

Street (Physical) Address (NO P.O. BOXES): _____

Date of Event: _____

City/State: _____ ZIP Code: _____

Type of Special Event (Example: wedding reception, anniv. party, etc.
If event is a fundraiser, please be specific about what is occurring): _____

Phone No.: _____

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage _____

(Please Print Lessee Name(s) or Organization)

Time of Event: From _____ To _____

Lessee (Additional Insured) Contact Person:

Name: _____

Approximate Number of Participants: _____

Street Address: _____

Is Liquor Being Served? Yes _____ No _____

City/State: _____ ZIP Code: _____

Is Food Being Served? Yes _____ No _____

Telephone: _____

To receive approval notification please print e-mail(s): _____

(Please Print E-mail(s) Clearly)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EACH FIELD IS COMPLETED.

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

This coverage is underwritten by **Nationwide Mutual Insurance Company**, Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: \$120 Per Event **OVERNIGHT STAYS \$150**

COVERAGE DOES NOT APPLY TO CERTAIN EVENTS, SUCH AS, BUT NOT LIMITED TO:

- | | |
|---|--|
| * Sporting events including tournaments & camps | * Any carnival event |
| * Amusement rides, including mechanically operated devices, trampolines, & rebounding devices | * Fireworks & fireworks displays |
| * Events where a fee or admission is charged, unless all proceeds go to charity | * Events organized or operated by professional promoters/performers |
| * Events with attendance of more than 1,000 persons | * Events which exceed 72 hours in duration |
| * Events involving pool or lake activities | * Events involving recreational vehicles |
| * Events involving 'BYOB' (Bring your own bottle) | * Political Rallies |
| | * Inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies) |



SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC.



Please make check payable to : Diocese of Norwich

COMPLETE AND RETURN THIS FORM TO: Catholic Mutual Group
Attn: Robin Holtsclaw, CRM
467 Bloomfield Ave.
Bloomfield, CT 06002

Please report all claims to C.M.G. Agency, Inc. Claims Department at 1-800-228-6108

Approving Location: **NORWICH, CT**

ATTN: ROBIN HOLTSCLAW
FAX NO.: 860-726-9412

DISTRIBUTION: Original: C.M.G. Agency, Inc., Copies to Lessee and Parish or Institution

CMRS-226A(10-06)

Encl (5)

HOW DO I COMPLETE AND PROCESS THE SPECIAL EVENTS APPLICATION FORM?

The application form should be completed in full and must include the following information:

1. Name of Parish or Institution – Please include the name and address of the parish or facility where the event will be held.
2. Lessee Information (additional insured) – Please include the name of the individual(s) or organization holding the non-parish sponsored event.
3. Lessee (additional insured) Contact Person – Please indicate the name, address, and telephone number of the person primarily responsible for the activity.
4. Type of Activity – Please provide a brief description of the activity including the date, time, approximate number of participants, whether or not food and/or liquor is being served.
5. Processing the Completed Application – One copy of the application should be given to the lessee, another retained for your records. The original application should be submitted to Catholic Mutual at least 15 business days prior to an event. The original application mailed to Catholic Mutual should be accompanied by a **\$120 check made payable to the Diocese of Norwich**. **THIS CHECK SHOULD NOT BE MADE PAYABLE TO CATHOLIC MUTUAL.**

Any questions regarding the completion or processing of the application should be directed to Robin Holtsclaw at Catholic Mutual (800) 331-2561.

ARE THERE RISK MANAGEMENT GUIDELINES TO ASSIST MY PARISH IN ALLOWING OUTSIDE USE OF ITS FACILITIES?

Risk Management Guidelines are available to assist your parish in allowing outside organizations to use your facilities. Information includes, but is not limited to, liquor liability control, security, and food handling. Please contact Robin Holtsclaw or visit our web site, www.catholicmutual.org for further information.

Revised 07/2009, Effective 7/1/2009

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH : _____

PARISH is understood to include the Arch/Diocese of _____

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than five hundred thousand dollars (\$500,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If and only if FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____