Facility Access Agreement

Please print the requested information:

Name: _____

Home Address: _____

E**mail** and Phone #**:** _____

Title / Role: _____

Access Justification ***(select all that apply):***

☐**Fulfill church staff position responsibilities**

☐**Volunteer Church Program Leader**

☐**Volunteer Church Program Volunteer**

☐**Other (please describe):** _____

My signature indicates that I have read and understood the Facility Access Control Policies and Procedures, agree to adhere to the church's current facility usage policies, procedures, practices, and guidelines, and acknowledge I will comply with any future updates.

User Signature: _____ ***Date:*** _____

---------- Office Use ----------

Name Authorized Issuer: _____

Issuer Title/ Role: _____

Issuer Signature: _____ ***Date:*** _____

Access Means Issued - ***check all that apply & list two letter key class as applicable***

☐**Key:** _____

☐**Security System access**

☐**Alarm code:** _____

Issue date: _____

Return/Disable date: _____

Return to mparker@hbumc.org.