Huntington Community First Aid Squad
General Meeting Room Use Application

Member's Name & #: _____ Date: _____

Type of Event / Function: _____ Function Date: _____

Start Time: _____ End Time: _____

Number of Attendees: _____

Approximate Age of attendees: _____ 21 years and older _____ Under 21

Attendance is by invitation only: Yes _____ No _____

Food Service: By Member _____ By caterer's staff _____

Will Alcohol be served? Yes _____ No _____

If yes, served by member _____ By caterer's staff _____

Type of alcohol served: Beer _____ Wine _____ Liquor _____ Hard Ciders _____

Will there be entertainment? Yes _____ No _____ If Yes, describe, (i.e. what type and how large, DJ, live music, magician, etc.) _____

_____

Will there be photography / video vendors: Yes _____ No _____ If yes, describe:

_____

Will you need access to the room prior to the event to set up or after the event to take down?

Yes _____ No _____ If yes, when? _____

Any other information? _____

Submit Completed Form to Secretary with Rules for General Meeting Room Use, Acceptance of Responsibility and Security deposit of $100.00.

Member's signature _____ Date: _____

Approved by the Board of Directors: Yes _____ No _____ Date: _____

Secretary's signature: _____

Member Requirements 30 days prior to the event:
_____ Security deposit balance
_____ Bartender TIPS certification
_____ Hold Harmless Vendors: _____ Caterer: _____ Entertainment: _____ Photography/Video: _____
_____ Certificates of Insurance (naming HCFAS as additional insured and caterer's workers compensation)
_____ Caterer _____ Entertainment _____ Photography/Video
_____ Umbrella Policy or special event coverage certificate

Distribution after BOD approval:
Member
President
Chief
Insurance Committee Chairperson
Social Committee Chairperson

HUNTINGTON COMMUNITY FIRST AID SQUAD
RULES FOR GENERAL MEETING ROOM USE

Member's Name: _____ Date: _____
Type of event /function: _____Function Date: _____

Number of Attendees: _____ Start Time: _____ End Time: _____

Huntington Community First Aid Squad (HCFAS) extends to its active members in good standing (off probation) who are 21 years of age or older the use of the meeting room for the benefit of themselves and their immediate families (parents, children, siblings or others at the discretion of the Board of Directors (BOD) subject to availability and approval of the majority of the BOD. Inactive life members and inactive 20 year exempt members may also request the use of the room. The room shall be used exclusively for non-profit events and admission of any kind must not be charged. Standard Operating Procedures Section III Q and the rules listed below must be followed. The use of the room is only for the purpose indicated in the application form. Anyone found violating these rules may be removed from HCFAS premises.

1. Deposit: A $500.00 security deposit shall be required. The first $100.00 must be included with the application form and the remaining $400.00 will be due thirty days prior to the event. It shall be returned after the function subject to the approval of the President and Chief. The security deposit will be forfeited towards any property loss, damage or maintenance fees incurred as a result of the event. The $500.00 security deposit shall in no way release the member from liability for damages over and above the amount. The room will be inspected 24 hours prior to the event and again within 48 hours after the event to determine the percentage of the security deposit to be returned. This inspection will be conducted by the social committee board liaison or his designee or a chief officer and reported to the President and Chief.

2. Facilities: The event and its participants are limited to the general meeting room and the use of the restrooms and coat room in the hallway. The entrance to the room shall be through the far southeast door after the truck room. The onlywill be the use of the elevator for handicap individuals and the caterer. No parking to be allowed in the HCFAS's parking lot. No visitors shall be allowed in any other parts of the building without the accompaniment of a (HCFAS) member and permission from the on-duty crew. The member must bring all items necessary for the event. HCFAS does not supply any items and or materials for these personal private events. No kitchen facilities other than the sink oven, counter top and ice machine will be available. Tables and chairs are available for use but must be cleaned and put back neatly after the event. Decorations may not in any way damage or deface Squad property (i.e. scotch tape or thumbtacks that would leave marks) and must be removed after the event. Use of any other HCFAS equipment including telephones or facilities must be pre-approved. HCFAS takes no responsibility for loss and or damage to items left unattended.

3. Smoking: HCFAS is a smoke free facility. Smoking is only permitted outside the entrance door mentioned in item 2 above. The receptacle for ashes and butts located outside the door must be used.

4. Hours: An event maybe scheduled between 0900 to 2200 hours and may only be a maximum of 4 hours. All evening cleanup must be completed by 2300 hours. Access to the room to set up prior to the event must be noted on the application form and be approved in advance.

5. Alcohol: Alcohol may not be served to anyone under the age of twenty-one (21) years nor shall persons under the age of twenty-one years may be permitted to consume alcohol. Persons under 21 years are not permitted in the immediate area where alcohol is served. If alcohol is to be served the member is responsible for hiring a TIPS (Training for Intervention Procedures) certified bartender. This bartender will be responsible for the checking of ID's and reporting anyone to the member sponsoring the event who appears intoxicated. The member must submit a copy of the TIPS bartender's TIPS certification 30 days prior to the event along with the deposit balance. Alcohol may only be served if the actual member responsible for the use of the room is over 21 years.

6. Music: Music shall be at such a level as to not interfere with the operation of HCFAS. At their discretion the crew leader in-charge of the on duty crew or the on duty dispatcher has the authority to request that the member have the music turned down.

7. Responsibility: The member responsible for the use of the room shall sign, simultaneously with the application for the use of the room, the "Acceptance of Responsibility" prescribed by the BOD in which the member shall accept responsibility for the conduct of his/her guests and shall be subject to squad discipline for failure to act reasonably to anticipate, control and end misconduct. That acknowledgement shall not act to extend the member's legal liability for the conduct of others.

8. Hold Harmless: Thirty days in advance of the event, the member scheduling the event must provide to the Insurance committee Chairperson, in the form prescribed by the Insurance Committee of HCFAS, a signed "Hold Harmless" agreement from each of the caterers/food service vendors, entertainment, photography/video providers.

9. Insurance: In the absence of a waiver of the requirement of this paragraph by type BOD caterers/food service providers as well as entertainers and photographers/video must provide to the Insurance Committee Chairperson a certificate of insurance from an insurance company acceptable to HCFAS naming HCFAS as additional insured and demonstrating General Liability Coverage in the amount of $1,000,000 CSL (Combined Single Limit) with a $2,000,000 in the aggregate, Worker's Compensation Insurance coverage for catering and food service staff, and for events at which alcoholic beverages will be served by the caterer, Liquor Law Liability coverage in the sum of $250,000. The BOD reserves the right to waive or modify these insurance requirements in keeping with the scale and nature of the event and may impose a requirement, in its discretion, that 30 days prior to the event, the member will obtain

and pay for an umbrella policy covering the event and submit proof of coverage to the Insurance Committee Chairperson.

10. If more than one member requests the room for the same date and time prior to the BOD approval, a compromise will try to be reached among the members by the Secretary, otherwise, it will be decided by the BOD taking into consideration the dates of the application and each member's years of active service. All completed room use application forms should be submitted to the Secretary no later than 60 days prior to the event. Within 10 days of the BOD meeting, the Secretary will notify the member in writing if the application is approved including any additional BOD stipulations or denied. If approved the Secretary will also notify the President, Chief, Insurance Committee Chairperson and Social Committee Chairperson. All HCFAS activities, of course, take first priority for room use in all cases. Active members must be members in good standing on the date of the event.

11. A meeting room use request for a gathering after the funeral service for a member or immediate family member must follow the above rules with the exception of the 60 days prior request period, deposit requirements, insurance requirements and use of entrances to the building. If a caterer is used however, there will still be a Hold Harmless and Insurance requirement. The Chief and President have the authority to grant immediate approval for the use of the room and will inform the BOD of their decision. Alcohol will not be covered at this event.

12. HCFAS shall not be liable for the failure to deliver the room when prevented from so doing by any cause beyond their reasonable control, by the direction of any governmental or municipal authority, or by failure of water, electricity, gas or air conditioning.

I, _____ # _____ do understand and agree to the terms stated above.

Member's Signature: _____ Date: _____

The above member is 21 years of age and is a member in good standing.

Chief's Signature: _____ Date: _____

Huntington Community First Aid Squad Inc
Meeting Room Vendor Agreement

HOLD HARMLESS

The undersigned enters into this agreement in connection with services to be performed in the general meeting room of the Huntington Community First Aid Squad, Inc. at the Squad facility located at #2 Railroad Avenue Huntington Station, New York. Vendor explicitly acknowledges that the Huntington Community First Squad is not a party to the agreement for services and has not guaranteed payment.

The undersigned vendor, _____, has entered into an Agreement with _____ to perform the following services

- Catering/food service
- Including service of alcoholic beverages
- Not to include service of alcoholic beverages
- Recorded music, DJ
- With Entertainment
- Without Entertainment
- Live Music
- With Entertainment
- Without Entertainment
- Photography/Video
- Other _____

_____

In consideration of access to its facility, vendor does hereby agree to hold harmless the Huntington Community First Aid Squad, Inc., its officers, directors and members harmless and indemnify them for any and all claims, including counsel fees and costs, arising out of or in connection services to be performed by the undersigned on the _____ day of _____, 2 _____, excepting only the actual acts of negligence of the Huntington Community First Aid Squad, its officers, directors and members.

_____

HUNTINGTON COMMUNITY FIRST AID SQUAD

PRE AND POST EVENT GENERAL MEETING ROOI\-1 INSPECTION CHECK LIST

Pre Inspection:	Post Inspection:
1. Rug:_____	1. Rug: _____
_____	_____
2. Chairs: _____	2. Chairs: _____
_____	_____
3. Tables: _____	3. Tables: _____
_____	_____
4. Windows/blinds: _____	4. Windows: _____
_____	_____
5. Folding Doors: _____	5. Folding Doors: _____
_____	_____
	6. Removed all decorations & any remnants of such:
	_____
7. Bathrooms: _____	7. Bathrooms: _____
_____	_____
8. Coat room: _____	8. Coat room: _____
_____	_____

Additional Comments: _____

_____

Recommendation for release of security deposit: All: _____ Partial: _____ %: _____

Reason if partial release: _____

Inspector's Signature: _____ #: _____ Date: _____

Chief's Signature: _____ #: _____ Date: _____

President's Signature: _____ #: _____ Date: _____

Distribution for Payment:
Treasurer

Huntington Community First Aide Squad, Inc.
General Meeting Room Acceptance of Responsibility

I, _____ a member of the Huntington Community First Aid Squad, have requested the use of the General Meeting Room for an event to be held on the _____ day of _____, 2_____.

In consideration for use of the room, I make the following pledge:

1 will take responsibility for the conduct of my guests from the time they arrive until the time they leave our facility and will use all powers at my command to encourage appropriate behavior, consistent with the behavior expected of Squad members on the Squad premises. Appropriate behavior includes, but is not limited to, restricting their access to the part of the Squad facility designated for the function, keeping noise levels within bounds and in accordance with the direction of HCPAS officials, not littering, soiling or otherwise damaging the facility and respecting the HCFAS personnel on the premises for other purposes.

If alcoholic beverages are to be served, 1 will encourage my guests to be. moderate in their consumption and. to use designated drivers when leaving our facility. I will not permit alcoholic beverages to be served to persons under the age of twenty one (21) years nor permit persons under age twenty one to consume alcoholic beverages.

I will not permit or encourage my guests to leave and re-enter the facility during: the function, except in case of absolute necessity.

I understand that I am personally and financially responsible for physical damage to the premises whether caused by me, by my guests or by my vendors. I also understand that, except as to physical damage to the premises this pledge does not extend *my* general liability for property damage or personal injury occurring as a result of the acts of others nor does it extend my liability for damage to the premises caused by smoke, fire or :flood, however caused.

Date: _____, Huntington, New York _____,_____2_____.

_____
Member's Signature

HCFASmtgnn:pledge.doc

ACKNOWLEDGEMENT

State of New York)
County of _____) ss:

On the _____ day of _____, in the year 2_____, before me, the undersigned, personally
appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name{s} is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her slgnature(s) on the instrument, the individual(s) or the person upon behalf of which the indivldual(s) acted executed the instrument.

_____
NOTARY PUBLIC

○ ACKNOWLEDGEMENT

State of _____
County of _____) ss:

On the _____day of _____in the year 2_____, before me, the undersigned, personally appeared _____. personally known to 1r1e or proved to *me* on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature(s) on the instrument, the individual(s) or the person upon behalf of which the individual(s) acted executed the instrument, and that such individual made such appearance before the undersigned in the City of _____,
County of _____, State of _____
_____

_____
NOTARY PUBLIC

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