



FORMS: COVID Event Application

COVID Event Application

Ministry Event Name: _____ Date of event: _____

Time of event: _____ Time in: _____ Time out: _____

Lead person: _____ COVID coordinator: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Group Sponsoring Event: _____

Process:

1. Delegate a COVID coordinator for the event. This person will supervise overall COVID compliance on the day of the event.
2. Email COVID Policies and Procedures to all working volunteers attending the event.
3. Leader to sign COVID Policies and Procedures for the event.
4. Complete workers timesheet (fully).
5. Complete closing checklist.
6. Turn in the worker timesheet and closing checklist prior to leaving to the wall mailbox by the office.

FOR OFFICE USE: Date Application received: _____
 Date Application approved: _____
 Ministry notified: _____

TO BE COMPLETED BY THE FAITH UMC OFFICE

Approved Date(s) of Use:

Certificate of Liability:	YES	n/a	Date Received:
Leadership Roster of Group:	YES	n/a	Date Received:
Calendar of Events:	YES	n/a	Date Received:
Total Donation and Fee:	\$	_____	Date Received:

Board of Trustees Approval: _____ Date: _____
 Board of Trustees Assigned to event for entry/closure: _____
 Copies to: _____



FORMS: COVID Policy & Procedure Form

COVID POLICY & PROCEDURE

(rev. 10.2021)

These policies are adhered to at **all times** while on Faith's campus.

1. **Masks must be worn at all times while inside** and social distancing respected. Socially distant maximum room capacities abided by. Outside mask wearing is encouraged.
2. All surfaces that have been touched, including the restroom must be sanitized after use.
3. Gloves will be worn at all times with food service.
4. For food pick-up ministries, drive-up ministries will remain in their vehicles & masks required.
5. Each group must complete the worker timesheet and turn in prior to leaving and have their contact information recorded.
6. Temperature will be taken at entrance and any temperatures registering at 99.5 or higher will not be allowed to stay on campus.
7. Closing facility checklist must be completed before leaving.
8. Turn in worker timesheet; closing checklist prior to leaving in the wall mailbox by the office.

By signing this, I agree to adhere to the above COVID guidelines at all times while on Faith UMC's campus and agree that if I or my ministry group is found to **NOT** be in compliance with the above guidelines, I agree to adhere to any disciplinary action such as suspension of ministry activities or limitations on activities.

Name of Ministry Leader: _____

Signature: _____

Date: _____

RETURN TO OFFICE

TO BE COMPLETED BY THE FAITH UMC OFFICE

Approved Date(s) of Use:

Certificate of Liability: YES n/a Date Received:

Leadership Roster of Group: YES n/a Date Received:

Calendar of Events: YES n/a Date Received:

Total Donation and Fee: \$ _____ Date Received:

Board of Trustees Approval: _____ Date: _____

Board of Trustees Assigned to event for entry/closure: _____

Copies to: _____



FORMS: Worker time sheet & protocol acknowledgement

Worker time sheet and protocol acknowledgment

Event Name:

*Worker count cannot exceed COVID room capacity at any time.

Event Date:

<u>Name</u>	<u>Signature</u> Acknowledgement: By signing this, I have received and read the COVID protocol for this event	<u>Cell Number</u>	<u>Time in</u>	<u>Time out</u>	<u>Temp.</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

*Keep a copy for your records

***RETURN TO OFFICE THE DAY OF THE EVENT**

Revised 8/21