**FALLBROOK REGIONAL HEALTH DISTRICT**

**USE OF FACILITIES POLICY**

The Fallbrook Regional Health District (FRHD) currently has 2 sites at which space may be reserved for health and wellness activities.

(1) The FRHD Office Meeting Room located at the FRHD Administrative Building at 138 S. Brandon Rd., Fallbrook, CA, available for reservations Monday-Friday, 10:00 am-5:00 pm.

(2) The Wellness Center located at 1636 E. Mission Rd., Fallbrook, CA, available for reservations Monday-Friday, 10:00 am- 5:00 pm.

A calendar will be kept in the District office and at the Wellness Center and reservations by outside agencies for use of specific space must be made through contact with District staff on a first-come, first-served basis.

The FRHD Conference Room and Wellness Center are used for board meetings, committee meetings, workshops, conference calls and other uses that may arise. As such, the buildings must be maintained as safe, clean and functional facilities at all times.

In the interest of maintaining building security at both the FRHD Office and Wellness Center, the following use of facilities policy is in effect.

**There shall be no charges or fees for use of any portion of the District office/Wellness Center space by health-related providers of health classes, screenings, support groups, or other health-related activities, and non-profit groups may schedule business meetings without charge.** The priority of usage will be: (1) district activities; (2) health-related non-profit activities, and (3) non-profit business meetings. Any group not falling within the above categories is asked to contact the District.

**Guidelines**

Tables and chairs will be provided. No other supplies will be provided.

Storage is not available at the Wellness Center or at the District Office for equipment before or after the scheduled activity.

The space must be left in a clean and orderly condition and all property of the user promptly removed after use.

All doors shall be secured and locked when vacating building.

This is a smoke-free campus. No smoking or alcohol on campus premises will be permitted within the Facility area. Food will be permitted under limited circumstances and only with prior written approval of the District.

Requestor is responsible for the condition of the facility including tables and chairs set up to their original position.

**FACILITIES RESERVATION REQUEST**

The completed Facilities Reservation Request must be returned to the District Office no later than five (5) working days prior to the scheduled event.

Person Making Request

Name of Organization

E-mail Address

Telephone ( ) Mobile ( )

Type of Activity/Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This activity is: □ Private Member Only □ Open to Public □ Non-Profit □ For Profit

*Please indicate below, the dates, timeframes, type of activity, and space requested.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Example in Red.* | MONDAY  *10/1, 10/8* | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 10:00am-11:00am | *Health Under One Roof, Rm 1: Health Screening* |  |  |  |  |
| 11:00am-12:00pm | *Health Under One Roof, Rm 1: Health Screening* |  |  |  |  |
| 12:00pm-1:00pm |  |  |  |  |  |
| 1:00pm-2:00pm |  |  |  |  |  |
| 2:00pm-3:00pm |  |  |  |  |  |
| 3:00pm-4:00pm |  |  |  |  |  |
| 4:00pm-5:00pm |  |  |  |  |  |

**FACILITIES AVAILABLE FOR RESERVATIONS:**

FRHD Office: Community Meeting Room

Wellness Center: Townhall, Community Room

Health Under One Roof: Room #1, Room #2, Room#4, Room#5, Office #1, Office #2

The applicant hereby agrees to indemnify, release and hold harmless the Fallbrook Regional Healthcare District and agents from any and all claims which in any manner may arise out of or relate to applicant’s use of the premises, including any and all costs and expenses, including reasonable legal expenses, incurred by or on behalf of Fallbrook Regional Health District in connection with such claims.

The applicant hereby agrees that it will at all times fully comply with the conditions of the FRHD Rental and Use Policy. I certify on behalf of the applicant that applicant shall be responsible for any damages or theft sustained to the District (premises, furniture and equipment) because of the occupancy of said premises by applicant.

The District reserves the right to bill additional charges, damages or staff time associated with the use of the Facility by outside organizations.

No preference shall be given for particular political or religious groups. Approval of the facility rental requests will be at the discretion of the Chief Executive Officer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­

Applicant’s Signature Date

\_\_\_\_\_\_\_\_

Chief Executive Officer’s Signature – Bobbi Palmer, MSW, MBA Date