**HOUSE OF WELLNESS FACILITY USE APPLICATION**

***(ENROLLED HCN MEMBERS & HCN DEPARTMENTS ONLY!)***

**S2845 White Eagle Road, Baraboo, WI 53913**

**HCN Mandated COVID 19 Precautions Must be Followed AT ALL TIMES!**

**PHONE: (608) 355-5155 FAX: (608) 356-6347 NO INCOMPLETE APPLICATIONS ACCEPTED**

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*THE PURPOSE OF THE HOUSE OF WELLNESS FACILITY USE POLICY IS TO DESIGNATE RESPONSIBILITY TO MAINTAIN THE BUILDING’S CLEANLINESS & SAFETY. Form updated 08/02/2021 for Fillable*

APPLICATION DATE:Click or tap to enter a date. HCN TRIBAL ID #: 439A00      or DEPT:

|  |  |  |  |
| --- | --- | --- | --- |
| Food Court (1st Floor) |  | LOWER ATRIUM (1st Floor) |  |
| KITCHEN (1st Floor) |  | UPPER ATRIUM (2nd Floor) |  |
| GRAND HALLWAY (1st Floor) |  | ALBERTA DAY CONF. ROOM (2nd Floor) |  |

Check Box(es) **ABOVE** For Space You Wish to Reserve/Use

DATE OF EVENT: Click or tap to enter a date. Name of Event:

Event BEGIN TIME:       Event END TIME:       Is this a **FUNDRAISER**? (*check one*):  **YES**  /  **NO**

If a **FUNDRAISER**, what is the purpose:

APPLICANT REQUESTING (*enter full name*):

MAILING ADDRESS:       CITY:       STATE:       ZIP CODE:

PHONE:       Extension:

TERMS AND CONDITIONS: (Please Initial **ALL** Below)

      Applicant assumes complete supervision. **No one will roam the building or interfere with operations. Only requested area will be used. (1 Warning, Second time - Applicant will not be allowed to reserve any area for 1 year.)**

      Applicant assumes all **RESPONSIBILITY** for personal liability.

      Applicant is responsible for ensuring that no plastic or Styrofoam utensils, plates, bowls, cups or other items are used during their event.

      Applicant is responsible for cleaning of the requested area. This includes hallways and **restrooms** used.

      Applicant is responsible for **set-up and take down of tables/chairs, etc.**

      Applicant is responsible for any damages/stolen items during their event.

      Applicant understands that Ho-Chunk Nation and House of Wellness sponsored events will take precedence over other reservations. **House of Wellness management reserves the right to cancel a reservation at any time for any reason.**

**AGREEMENT**

I HEREBY AGREE TO COMPLY WITH ALL TERMS AND CONDITIONS AS LISTED ABOVE. I AM RESPONSIBLE FOR CLEANING ALL AREAS/ITEMS LISTED ON THE ATTACHED CHECKLIST. **REGISTERED SEXUAL OFFENDERS** MUST COMPLY WITH THEIR RESTRICTIONS.

SIGNATURE OF REQUESTING PARTY:       DATE: Click or tap to enter a date.

**Security Officer/Authorized Employee** *(check one)*:  **APPROVED**  DENIED

HOW SECURITY OFFICER/Authorized Employee PRINT NAME:       DATE RECEIVED: Click or tap to enter a date.

DATE & TIME ENTERED IN House of Wellness Calendar: Click or tap to enter a date. Time:       Hours

HOW SECURITY OFFICER/Authorized Employee SIGNATURE:       DATE: Click or tap to enter a date.

PLACE ALL GARBAGE IN THE OUTSIDE DUMPSTERS

CONTACT ON-DUTY MAINTENANCE STAFF FOR SUPPLIES AND EQUIPMENT NEEDED FOR CLEAN UP

|  |  |  |
| --- | --- | --- |
| User Initials Verifying DONE | **KITCHEN**  (1st Floor)  **(DO NOT dump grease outside or down any drains – take with you)** | Maintenance Staff Initials Verifying Done |
|  | SWEEP FLOORS |  |
|  | MOP FLOORS |  |
|  | SINK NEEDS TO BE CLEANED (No debris left in sink or drain) for Sanitary reasons. Thank you. |  |
|  | **NO FOOD OR DRINKS ARE TO BE LEFT BEHIND in/on Cabinets, Pantry ,Counters, Floor or Refridgerators “SANITARY CLEANLINESS” Thank you.** |  |
|  | CLEAN AND WIPE OFF COUNTERS |  |
|  | GAS STOVE/GRIDDLE TURNED OFF |  |
|  | STOVE TOP/GRIDDLE CLEANED AND WIPED OFF |  |
|  | **Food Court**  (1st Floor) |  |
|  | SWEEP FLOORS |  |
|  | MOP FLOORS |  |
|  | WIPE DOWN TABLES AND CHAIRS |  |
|  | REMOVE ALL DECORATION (if applicable) Set-up & Take Down Tables/Chairs |  |
|  | **GRAND HALLWAY**  (1st Floor) |  |
|  | SWEEP FLOORS |  |
|  | MOP FLOORS |  |
|  | WIPE DOWN TABLES AND CHAIRS |  |
|  | REMOVE ALL DECORATIONS (if applicable) Set-Up & Take Down Tables/Chairs |  |
|  | **LOWER ATRIUM**  (1st Floor) |  |
|  | SWEEP FLOORS |  |
|  | MOP FLOORS |  |
|  | WIPE DOWN TABLES AND CHAIRS |  |
|  | REMOVE ALL DECORATIONS (if applicable) Set-Up & Take Down Tables/Chairs |  |
|  | **UPPER ATRIUM**  (2nd Floor) |  |
|  | SWEEP FLOORS |  |
|  | MOP FLOORS |  |
|  | WIPE DOWN TABLES AND CHAIRS |  |
|  | VACUUM CARPETS |  |
|  | REMOVE ALL DECORATIONS (if applicable) Set-Up & Take Down Tables/Chairs |  |
|  | **ALBERTA DAY CONF. ROOM**  (2nd Floor) |  |
|  | VACUUM CARPETS |  |
|  | WIPE DOWN TABLES AND CHAIRS |  |
|  | REMOVE ALL DECORATIONS (if applicable) Set-Up & Take Down Tables/Chairs |  |

TURN IN TO THE HOUSE OF WELLNESS SECURITY DESK AT THE MAIN ENTRANCE PRIOR TO LEAVING THE FACILITY.

Developed: 04/13/2018 Revised: 09/26/2018, 03/19/19, 3/20/19, 01/28/20, 05/25/21, (08/02/21 Fillable Form ONLY)