



ALPHARETTA PRESBYTERIAN CHURCH PROPERTY USAGE REQUEST

Organization's Name _____

Mailing Address _____

Insurance Certificate Attached Yes _____ No _____ (if required)

Is this group sponsored by Alpharetta Presbyterian Church? Yes ____ No ____

Number of people involved _____ Room requested _____

Brief description of activity planned _____

Childcare Needed? Yes _____ No _____

Children or Youth participating in event? Yes _____ No _____

Equipment required (i.e. tables, chairs, A/V, etc.) _____

Setup Diagram attached (if necessary) Yes _____ No _____

Usage: One time () Day & Date _____ Time _____

Continuous () Start Date _____ End Date _____

Weekly: Day(s) _____ Time _____

Monthly: Day(s) _____ Time _____

Responsible Officer or Leader (name and telephone number)

1.) _____ 2.) _____

Phone _____ Phone _____

I have read and approve of the facility use policy. _____

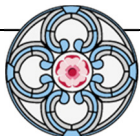
Signature of Responsible Person

If youth and children are participating in the group, these two leaders must sign and return the attached consent form for APC to conduct a state and national background check (or provide documentation of state and national background check completed in the past 3 years). Please enclose a check made out to "Alpharetta Presbyterian Church" to cover the fee (\$21 per person).

APPROVED BY _____ **DATE** _____ **ROOM ASSIGNED** _____

Alpharetta Presbyterian Church reserves the right to relocate or reschedule this activity should a church activity, deemed urgent by the Session or Property Trustees, take precedence over this activity. Should this occur, every effort will be made to accommodate your activity in another part of the building on the same date and without disruption to the above group activity. The groups using the building assume total responsibility for any claims, property damage, or personal injury resulting from the use of the building and agree to indemnify and hold APC harmless from any such claims.

Fax to (770) 751-0873 c/o Property Manager or email gene@alpharettapres.com



ALPHARETTA PRESBYTERIAN CHURCH
PROPERTY USAGE REQUEST



PO Box 26140
Greensboro, NC 27402
(800) 449-0254 www.firstpointresources.com

NAME (First, Middle, Last) _____ Gender Male / Female

MAIDEN NAME (If applicable) _____

CURRENT ADDRESS: _____ HOW LONG? _____

CITY, STATE, ZIP: _____

1ST PREVIOUS ADDRESS _____ HOW LONG? _____

CITY, STATE, ZIP: _____

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH ____/____/____

DRIVER'S LICENSE # AND STATE ISSUED: _____

VOLUNTEER APPLICANT AUTHORIZATION

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include a criminal records search.

Further, I authorize other organizations to provide such information to FirstPoint.

New York employers and residents only:

By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

CONSUMER DISCLOSURE

I understand that a consumer report (Insight) may be obtained from the FirstPoint, Inc for background screening purposes.

APPLICANT'S SIGNATURE _____/_____/_____
DATE

PARENT/GUARDIAN SIGNATURE (IF APPLICANT IS UNDER 18 YEARS OLD) _____/_____/_____
DATE

California, Minnesota & Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.

Yes No

For GA Criminal Searches Only (Must Check One): Employment w/ Mentally Disabled (Purpose Code M)
Employment w/ Elder Care (Purpose Code N) Employment w/ Children (Purpose Code W) None Apply

Alpharetta Presbyterian Church **Requester:** _____

CLIENT ID#: INS_00727

National Criminal/Sex Offender

Fax to Insight @ 1-800-888-3487



04-2013

