



Pike County Health Department

Home Health & Hospice

(573) 324-2111

Meeting Facility Rules and Regulations

The Pike County Health Department, Home Health & Hospice has a conference room available for meetings – seats 30 people with tables.

In order to use the meeting room, a responsible person must apply and adhere to the following provisions:

1. Groups or organizations that are “Not-for Profit” or “Non-Commercial” are eligible to use our meeting room. A “Request and Authorization Form” must be completed in full by the organization or group prior to using our facility. The Pike County Health Department, Home Health & Hospice reserves the right to refuse meeting room use to anyone.
2. The person responsible for using the meeting room will receive the door code from Pike County Health Department, Home Health & Hospice between 8:00 a.m. and 4:30 p.m. on the day of the event. If the event occurs on Saturday or Sunday, the door code must be given on Friday before the event. If the event occurs during Health Department hours it is not necessary to receive the door code.
3. You may use the kitchen utensils. Please wash items and put back into proper place. Please do not use any food items or condiments stored in the kitchen. Extra tables are available in the meeting room closet. Please return after use.
4. No smoking or alcoholic beverages are allowed on the premises.
5. The organization or group using the facility will be responsible for safeguarding the facility/property and will pay for any damages caused to our premises.
6. Before leaving the facility, check all of these items:
 - a. Check restrooms.
 - b. Be certain all lights are turned off.
 - c. Any beverage/food spill should be properly cleaned.
 - d. Put tables and chairs back as found.

- e. If stove is used, be certain it is turned off.
 - f. Please take out your trash. The trash dumpster is located behind the building.
 - g. Be certain the doors are locked and closed tight.
- 7.** The organization or group using our facility will not hold the Pike County Health Department, Home Health & Hospice liable for bodily injury, property damage, or theft of property that may occur on the premises covered by this application.
 - 8.** There is no charge for the use of our facility. Donations are appreciated to help cover the costs of the meeting room utilities. Thank you.
 - 9.** Please bring your own supplies. We do not have computers, copiers and other office supplies for your use.
 - 10** When using the room, please stay within the meeting room boundaries. Non-personnel are not to be in the agency's office areas unless accompanied by an employee of the Pike County Health Department, Home Health & Hospice.
 - 11** We have network hookups for internet access if you wish to use them. Please give notice if internet is needed. Please bring your own projector equipment. There is a large TV in the meeting room that you may hook your computer to.
 - 12** Organizations or groups who fail to abide by the rules and regulations will not be permitted to use the Health Department facilities in the future.

Pike County Health Department, Home Health & Hospice

**Request and Authorization
to use
Meeting Room**

Date room is needed: _____

Time room is needed: _____

Name of non-profit group or organization:

Approximate number of attendees:

Responsible contact:

Name: _____

Phone: _____

Address: _____

Email Address: _____

It is understood and agreed that by executing this request for use of the Pike County Health Department, Home Health & Hospice meeting facility, the organization using the facility will abide by the PCHD Meeting Room Rules and Regulations; will be responsible for safeguarding the facility's condition; and will pay for any damages caused to the facility as a result of misuse. In addition, it is understood the organization or group shall not hold Pike County Health Department, Home Health & Hospice liable for any bodily injury, property damage, or theft of property that may occur on the premises covered by this application.

Signature of responsible person: _____ Date: _____

Authorization granted by: _____ Date: _____

Authorization is held for future use unless terminated by either party.