



Use of Facilities Request \_\_\_\_\_ **Elementary Site**  
 Ripon Unified School District  
**Elementary Kitchen**

Use of the kitchen facilities may require supervision by a Food Services staff member. You must contact Food Service at 599-6120 at least three weeks prior to use to determine required hours of supervision.

Organization using kitchen facility will be responsible for:

1. Leaving kitchen clean.
2. Sweeping and mopping floor.
3. Disposing of garbage in dumpster.
4. Supervision of students (age 14 or older only) working in kitchen.
5. No children under age 14 are permitted in kitchen.
6. Appropriate attire in the kitchen is recommended (such as closed toe shoes).

**Equipment Desired** (The following equipment may not be available at all Elementary Sites.)

|   |  |
|---|--|
| <input type="checkbox"/> Refrigerator (Double Door) | <input type="checkbox"/> Microwave               |
| <input type="checkbox"/> Ovens                      | <input type="checkbox"/> Range Top               |
| <input type="checkbox"/> Freezer                    | <input type="checkbox"/> Mixer                   |
| <input type="checkbox"/> Food Warming Cabinet       | <input type="checkbox"/> Pots/Pans               |
| <input type="checkbox"/> Other - Specify _____      | <input type="checkbox"/> Serving Dishes/Utensils |

**Service Desired**

|                          |  |               |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Custodial Set-Up Needs (if any) _____ by _____ am/pm   |               |
| <input type="checkbox"/> | Access to Kitchen needed at _____ am/pm                |               |
| <input type="checkbox"/> | Supervision Time from _____ am/pm to _____ am/pm       |               |
| <input type="checkbox"/> | Preparation Time - from _____ to _____                 |               |
| <input type="checkbox"/> | Custodial Clean-Up Needs (if any) _____ at _____ am/pm |               |
| <input type="checkbox"/> | Lock Up at _____ am/pm                                 |               |
| <input type="checkbox"/> | Other - Specify _____                                  | *Notes: _____ |

Purpose of Use: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_  
 Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Preparation Date(s) \*if other than date requested above : \_\_\_\_\_  
 Hours: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Estimated number of staff/volunteers from organization that will be working in kitchen \_\_\_\_\_

**SITE APPROVAL**

|                     |          |
|---------------------|----------|
| <b>FS Assigned?</b> | yes / no |
|---------------------|----------|

Food Service Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**DISTRICT APPROVAL:** Subject to the signed agreement and in accordance with applicable laws, rules, and regulations, this request is granted by the Ripon Unified School District.

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

**FEES ASSIGNED:** Group Designation # \_\_\_\_\_

cc: Applicant  
 \_\_\_\_\_ Elem Site  
 Andy  
 Salli-Anne  
 Accts Pay  
 Carol

| FOR                          | AMOUNT |
|------------------------------|--------|
| Use of Facility Fee Assigned |        |
| Food Service Personnel Fees  |        |
| Deposit Amount Assigned      |        |
| Other Additional Fees        |        |

Ripon Unified School District  
 304 N. Acacia Avenue Ripon CA 95366 (209) 599-2010  
 Use of Facilities Agreement and Information

Name of Organization \_\_\_\_\_

Requesting Use of \_\_\_\_\_

District facilities may be reserved only by organizations or businesses operating within the Ripon Unified School District.

I understand that use of alcoholic beverages and/or tobacco products by any person is not allowed on district property.

I, the undersigned, hereby certify that I have been duly authorized to request the use of Ripon Unified School District facilities by the application organization which will be responsible for any loss as enumerated below and for any damage sustained by the school building, furniture or equipment directly attributable to the occupancy of said building; however, in the event said application is made in any individual capacity, then I will be personally responsible for any such damage.

I hereby certify, on behalf of the applicant organization, that such organization and I have read the regulations on the back of this application and will abide by the Rules and Regulations of the Board of Education of the Ripon Unified School District and that said organization and I will conform to all applicable provisions of the Constitution and Law of the State of California.

**Hold Harmless and Indemnification Agreement**

Applicant, whether individual, corporation, partnership, association, or public entity as permitted by law, agrees to hold the Ripon Unified School District, its Governing Board, the individual members thereof, and all district officers, agents, and employees free and harmless from and to fully and promptly reimburse the district for any loss, damage, liability, cost, or expense which may occur and is directly attributable to the use of the school property. Before using District facilities, the applicant agrees to furnish such liability or other insurance for the protection of and as required by the school district and to name the Ripon Unified School District as an additional insured and to consider such coverage as primary.

Name of Representative (Please Print) \_\_\_\_\_ Title/Position \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date Authorized by this Organization to Sign this Agreement \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

| DATE | REQUIREMENT   |
|------|---|
|      | Facilities Request Form Received at Site                          |
|      | Site Approval by Principal  |
|      | Facilities Request Form Received at District Office               |
|      | District Approval by Superintendent                               |
|      | Applicant Notified of Decision                                    |
|      | Deposit   |
|      | \$1,000,000 Liability Insurance Naming RUSD as Additional Insured |
|      | Payment for Services and/or Equipment                             |
|      | Cleared   |
|      | Return of Deposit   |

\*\*Form must be received 3 weeks prior to event or use\*\*