

Operating Procedure for Calendaring First Baptist Church

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The purpose of the operation procedure is to provide guidelines for calendaring events and meetings in "all" buildings known as First Baptist Church, Ocean Springs.

1. Determine what dates are available from the church's Master Calendar; see Cathy Johnson (cmjohnson@fbcos.org).
2. Complete Form and return to Cathy (you can fax, mail or drop off in the office).
3. When it is determined that all parties involved are in agreement and the event is approved, it will be scheduled on the Master Calendar and you will be notified.

Church Event Request To Calendar for Facilities and/or Vehicles

(Please be considerate and present Forms to church office at least 4 weeks in advance)

GENERAL:

Date of Program/Event _____ Date of Request _____
Organization/Group _____ Time of Program/Event _____
Contact Person _____ Contact Phone(s) _____
Purpose of Program/Event _____
Number Expected _____ Will Childcare be required _____
Standing Request: Every _____ until _____

VEHICLE REQUEST: (It is each group's responsibility to see that the vehicle is left in a clean condition & ready for next use, gas receipts need to be given to Mary Lee in the Financial Office)

Pick-up Time: _____ Return Time:(approximate): _____

Destination: _____

Which Vehicle Needed: _____ Small 15 Passenger Bus _____ Large Bus

(Insurance Carrier requires that driver must be on Church's Insurance Policy as an approved driver, see office for details)

Driver(s) Name: _____

FACILITIES: (It is each group's responsibility to see that the facility used is left in a clean condition & set-up is as found)

Buildings/Rooms Needed _____

General: __tablecloths (cloth) __plates __cutlery __cups __decorations stored in Act. Bldg. Availability will depend on budget allotment & advance notice for ordering. Each group is responsible for gathering their own needs.

Audio & Visual Aids _____

Activities Building setup needed (please circle) NO YES (if YES, set-up must be drawn on back!)

NURSERY* and CHILDCARE:**

(Estimated number of Children by Age)

0-1 year olds _____, Toddlers-2 year olds _____, 2 & 3 year olds _____

4-5 year olds _____, other _____

*Workers must be approved by the church. **Paid workers are to be paid by sponsoring organization/group.

Office Use Only:

Pre-approved: _____ Date: _____ Approved (Staff Member): _____ Date: _____

Calendared (Office) _____ (Web) _____ Budgeted Amount \$ _____

Copies To:

Organization/Group _____ Childcare Coordinator _____ Facilities Supervisor _____ Financial _____

Room Set-up