**C.A.R.E Center**

**Meeting Space Reservation Request Form**



**Vision**: meeting the community’s needs to achieve full equity

**Mission**: Building community partnerships to link resources by using a holistic evidence-based approach to improve the well-being of all

**Goal:** Provide prevention and intervention services for the community, in the community by linking resources

**Connection rooms are offices for direct service (e.g. counseling, assessments, case management etc). Bring personal laptop, Wi-Fi available, and any other necessary materials**.

Connection Rooms offer:

Two desks

Two chairs

Outlets

Contact person’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number:\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Finish\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Attendees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose for booking the room (services offering):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does this fulfill the CARE Center’s vision and mission statements?

Description of participants (e.g. veterans, youth, formerly incarcerated etc):

Additional information the CARE Center may need to know:

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**Policies and Procedures:**

Please check each box to verify that you have read and agree with the policies and procedures below. If boxes are not checked the application will be considered incomplete and will not be processed.

AVAILABILITY: Room reservations will be taken on a first-come, first-served basis. On-going projects will be on a month-to-month basis with possible extension. The purpose of the meeting must be aligned with the mission and vision of the CARE Center.

TIMELINESS: To respect the time of other meeting reservations and CARE Center staff please arrive to the CARE Center at the reserved meeting start time and conclude meeting no later than the reserved meeting end time. No extra time will be given if you are late.

FOOD: Food and drink (non-alcoholic) are permitted. The organization is responsible for making any catering arrangements and meeting the caterer upon arrival to receive the delivery. The CARE Center is not able to provide any food or drink amenities. If food is left in the kitchen area for your guests, please let us know in advance so that we can inform our staff that the food is for an external meeting.

TECHNOLOGY/MEETING ITEMS: Meeting rooms are equipped with a computer, whiteboards, an HDMI cord, VGA to HDMI cord and dry-erase markers. You may bring any presentation materials on a thumb drive or provide your own laptop for projecting. Office supplies (eg. Pens and pencils) will not be provided.

CLEANUP: Please throw all trash away and wipe down any messes. Please return the room to its original setup.

CANCELLATIONS: If you need to cancel a room reservation, please provide a minimum of 48 hours in advance notice by contacting the CARE Center at (619)365-4489, or emailing info@sdcarecenter.org. If proper notice is not provided the organization/person who completed the reservation will lose priority for a future reservation.