



# City of DuPont

1700 Civic Drive, DuPont, WA 98327  
Phone: (253) 964-8121 Fax: (253) 964-3554

## Community Center/Park Facility Volunteer Rental Points Application

*(Please complete a separate form for each activity.)*

The front page of this form must be completed **PRIOR** to earning any Volunteer Rental Points:

Name of Group or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Group Leader or Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I. Proposed Volunteer Activity: \_\_\_\_\_

Proposed Date: \_\_\_\_\_

Proposed Location: \_\_\_\_\_

Estimated Number of Hours to be Spent on this Activity: \_\_\_\_\_

Names of Volunteers who will Participate:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signatures:

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*(or authorized designee)*

*This portion of the form is completed after the Volunteer Rental Points are earned:*

II. Volunteer Rental Points Calculation:

$$\frac{\text{Hours of Service}}{\text{Points per Hour}} \times \text{Points per Hour} = \text{Total Rental Points Earned}$$

The above points are earned with the understanding that each community group or organization must use these points within twelve months of the calendar year in which they were earned. If/when the applicant applies these points to the rental of the Community Center or Park Facility, he/she understands that rental points may not be applied to the deposit, the costs of staff presence (if necessary), or cost for cleanup or repair incurred by the City. The applicant understands that he/she must abide by the rules outlined in the City's Facility Rental Policies, and that deposit, insurance, and all other requirements in the policies still apply.

The applicant certifies that volunteer service, as described and calculated above, was provided, and that the volunteer service directly benefited the City of DuPont.

III. Approved by:

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(or Authorized Designee)

