



# Memorial United Methodist Church

"To Know Him and Make Him Known"  
Rev. Melanie J. Fierbaugh, Senior Pastor

## FACILITIES ACCEPTANCE/AGREEMENT OF KEYS

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Business Address: Memorial United Methodist Church, 500 Kent Avenue

City: Lake Placid State: Florida Zip: 33852

Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: (863) 465-2422

### A. Acceptance of Key(s)

I acknowledge receipt of the key(s) listed below and assume full responsibility for their proper use until returned to a Memorial United Methodist Church key control personnel. In particular, I agree to not duplicate any key(s) owned or controlled by Memorial United Methodist Church. I will not loan, barter, sell or give the keys to anyone.

### B. Non-Staff Personnel

Non-Staff Personnel and vendors will not be issued keys or door access *permanently*. The Human Resources, the Administrative Assistant or Pastors will issue Non-Staff Personnel key(s) or door access privileges on a limited basis.

Issue Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### C. Return of Key(s)

Key(s) issued to members of the faculty and staff remain the property of Memorial United Methodist Church and must be returned upon the member's termination or transfer. When an employee leaves a particular office or department, any key(s) issued must be returned to the key control personnel noted above. Do not transfer the key(s) directly to a replacement employee.

### D. Lost or Stolen Key(s)

Lost or stolen keys present a significant security problem. The loss or theft of key(s) must be reported promptly to the key control personnel, campus police, and the department head. Replacement keys will be made only upon receipt of a new request. Monetary fee of \$2.00/key may be assessed.



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**\*\* Keys are issued to the holder and must never be loaned or transferred. \*\***

I agree with all of the above terms for the keys I am receiving:

Key Location	Date Issued	Employee Initials	Date Returned	Staff Initials
Office Front Door	/ /		/ /	
Nursery	/ /		/ /	
Sanctuary	/ /		/ /	
Clubhouse	/ /		/ /	
Lighthouse	/ /		/ /	
415 Kent Ave	/ /		/ /	
Deadbolt (Back of Sanctuary)	/ /		/ /	
Rob Reynolds Hall	/ /		/ /	
Room Number _____	/ /		/ /	

In receiving the key(s) identified above, I agree to use the key(s) in accordance with Memorial United Methodist Church and understand the penalties for improper use or duplication. I understand that keys are issued for my use in conjunction with my specific staff appointment and that I am required to return it/them when that appointment ends. I have read and understand the above and agree to the terms and conditions set forth for the issuance of the key(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LVCS Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MUMC Staff Signature

\_\_\_\_\_  
Date

## E. Return of Key(s)

In returned the key(s) identified above, I used the key(s) in accordance with Memorial United Methodist Church and did not do any improper use or duplication. I understand that keys are issued for my use in conjunction with my specific staff appointment and that I am required to return it/them when that appointment ends. I have read and understand the above and agree to the terms and conditions set forth for the issuance of the key(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
LVCS Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MUMC Staff Signature

\_\_\_\_\_  
Date