

## CHURCH EQUIPMENT/PROPERTY CHECK OUT POLICY

St. Matthias UMC (SMUMC) has been blessed by God with the facility and equipment used for worship and ministry. This building and equipment are tools for us to serve our God, as well as our community. We welcome members and regular attendees to take advantage of the building and equipment to meet their needs and special events.

Any member of SMUMC is welcome to use selected (i.e., tables, chairs) church-owned property and equipment according to the terms of this policy. If the person wanting to borrow property is a regular attendee, but not a member, they must get a member to take responsibility for the church property being borrowed. Equipment that will not be loaned to members includes, but is not limited to: computers, sound equipment, projectors, printers, copier, musical keyboards, and maintenance equipment (i.e., vacuum cleaner and ladders). **SANCTIONED CHURCH CALENDAR EVENTS WILL TAKE PRECEDENCE OVER PERSONAL USE EQUIPMENT REQUESTS.**

Any item used must be returned in like-condition as borrowed. The borrower agrees to replace damaged, lost, or stolen items. The replacement cost of items will be determined by the Board of Trustees. This policy shall be administered by and requests approved by the church's administrative assistant, pastor, or a Trustee and all forms and records will be maintained and filed in the church office.

I have read the policy and agree to the conditions stated.

Name (printed): \_\_\_\_\_ Name (signed): \_\_\_\_\_

Item(s) Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Needed: \_\_\_\_\_ Date to be Returned: \_\_\_\_\_

### FOR CHURCH USE ONLY

#### Check Out:

\_\_\_\_ Church calendar has been consulted and there is not conflict with dates item(s) are needed.

\_\_\_\_ Item(s) requested are in good condition when checked out.

Name (person approving the request): \_\_\_\_\_

#### Return:

\_\_\_\_ Item(s) were returned by expected date

\_\_\_\_ Item(s) were returned in good condition

\_\_\_\_ Item(s) were (circle one): Lost Stolen Damaged

Replacement Cost: \$ \_\_\_\_\_

Date Replacement Fee Paid: \_\_\_\_\_

Name (person processing the return): \_\_\_\_\_