



Lake Washington

UNITED METHODIST CHURCH

Safe Parking Agreement - Program Information

Welcome! You are an honored guest of Lake Washington United Methodist Church.

Our purpose is to provide a safe space for adult women and people with children who are living in their cars. We have set out some rules and procedures for the comfort and safety of our guests, church family, staff, and neighbors. Please review and follow the items outlined below.

Rules:

- Alcohol, marijuana, illegal drugs, firearms, and other weapons are never allowed on property.
- Treat everyone with respect and dignity.
- Listen to and abide by any instructions given by church staff and hosts.

Parking Lot Procedures:

- Where to park? There are no reserved parking spaces. You are allowed only one car, and it needs to fit in one spot. When possible, leave an open spot in-between. Do not park on the fence line (to the north). When preschool is in session from Sept to June you cannot park west of (to the back of) the 2 silver poles after 8:30am. Do not park in marked spots (visitor, senior, etc.)
- On Sunday 9am to Noon, do not park in the parking lot unless you are attending church.
- Do not run your engine while parked in the lot at any time—this creates noise and pollution for other safe parkers and our church neighbors.
- Let us know if your car will be unattended for more than 2 days (cars may be towed at your expense).
- Please keep all your items inside your car. No cooking or propane heaters or anything burning are allowed in the parking lot.
- Keep vehicle operational including up to date driver's license, registration and insurance.
- No RVs, campers or 5th wheels in the program.
- Let the host know if you need jumper cables.
- Keep noise down and be considerate of neighbors. Quiet hours are 10pm-7am (no visitors)

Building Procedures:

- Rooms available for use: Celebration space, kitchen (during posted hours), and library. If there are renters in the celebration space/kitchen you will receive notice of an alternate room for use.
- Bathrooms: please help keep them clean, no hair or clothes can be washed in the sinks.
- No outside electrical outlets or extension cords may be used at any time

Kitchen specifics:

- In the kitchen: If you use it, clean it!
- Wash all dishes and then put in the dishwasher (dishwasher sanitizes only). Wash all pots and pans, dry and put away. Dishes should be in the dishwasher by 8:45 so the host can run it and close by 9.
- We have trash, compost and recycle—ask if you need help with sorting.
- There are 2 refrigerators. The one on the left is for donated food which is available for all to use. The

fridge on the right is where you can label food with your name and date. Please dispose of older food.

- How you can help the host: Put away clean dishes from dishwasher, take out trash and recycling, wipe down counters, sink, and tables as needed. Please help keep the building and kitchen clean. Sometimes this means helping with a mess that you didn't create.
- Kitchen is only open when there is a host, so just ask the host if you have any questions.

Do you have a pet?

- Your pet must be inside your vehicle or leashed and in your control at all times.
- There is a dog run where you can let your dog off leash, but you must remain with your dog.
- Pets are not allowed in any carpeted areas of the building, which includes the library.
- Always pick up after your pet immediately, bag it, and dispose of in the garbage dumpster.
- You are expected to monitor your pet's health and ensure they have proper food, water, exercise, and vaccinations.

Do you have children?

- Children always need to be in your site while on church property.
- Striking your child, even as discipline, is not permitted.
- Please wrap soiled diapers and place in the garbage dumpster.

Do you smoke or vape?

- Designated smoking/vaping area is located on the grass between the entrance and exit lanes. Do not smoke or vape in your car or anywhere else on church property.
- Smoking, even in this area, is prohibited if the Sanctuary windows or doors are open.

Key times:

- Kitchen, celebration space, bathrooms, and library open generally from 9am – 11am and 7pm – 9pm. Any changes will be communicated via weekly email and schedule which will note if alternate spaces are available.
- Celebration space, bathrooms, and library open Mon-Fri 9am—3pm on most days.
- Office hours (Jennifer): 12:30pm-3pm
- Safe Parking Guest Meeting once a month (usually 1st Thursday at 7:30pm).

Important Information:

- Program Director: Karina O'Malley call/text: 425.922.8051 email: kcfom@hotmail.com
- Wi-fi password: Welcome-guests!

Hosted Hours:

9am – 11am Saturday
8:30am-9:30am Sunday
7pm – 9pm Daily

Building Hours:

9am-3pm Monday – Friday

Office Hours

12:30pm-3pm Monday - Friday

All hours are subject to change based on events and staffing.

Signature: _____ Date: _____

Print Name: _____

Safe Parking Agreement - Client Information

A copy of the **LWUMC Safe Parking Program Agreement** has been given to me, and I agree to abide by them. I understand that any violation of these rules may result in a warning or immediate suspension of my privileges to park at LWUMC overnight. _____ (Initial)

I agree to hold LWUMC, the City of Kirkland, the agency that referred me to LWUMC Safe Parking Program _____, their officers, agents, and employees, harmless from any injury to person or damage to property arising out of or in any way related to the use of the LWUMC parking lot, building, and grounds. _____ (Initial)

Printed name _____

Signature _____ Date _____

Your Contact: Phone Number _____ (text or voice)

Email _____

Someone we can contact for you in an emergency:

Name _____

Phone number/email _____

Printed Names and Birthdates of all other persons staying with you in your vehicle.

Your name _____ Birthdate _____

Additional person _____ Birthdate _____

Additional person _____ Birthdate _____

Additional person _____ Birthdate _____

Additional person _____ Birthdate _____

Any pets in the car _____

Required Car Information

Make of Car _____ Model _____ Color _____

License Plate Number _____ State _____

CONFIDENTIAL – Destroy Bottom Section after Check

Background Check Authorization

Print Full Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address: _____

Phone Number: _____

Date of Birth: _____

Gender:	Marital Status:	Pronouns: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Partnered	Ethnicity: _____
<input type="checkbox"/> Female	<input type="checkbox"/> Married	Race: _____
<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Single	
	<input type="checkbox"/> Widowed	

Driver's License Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Lake Washington UMC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; current and previous residences; employment history; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Lake Washington UMC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

** **Lake Washington UMC** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Tear off this section and destroy after running the check. Retain only the top portion.

Social Security Number: _____

Name of Head of Household, age and gender:

	Name	Age	Gender
1.	_____	_____	_____

Family members (age and gender of all other members of household):

2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Contact information:

Phone: _____

Email: _____

Monthly income:

Is anyone in the family a US Military veteran?

Is anyone in the family disabled?

Have you done a housing assessment with Coordinated Entry?

Does the family have Photo IDs for all adults, IDs for children, Income Verification from the last 30 days, and Verification of Homelessness?

Anything else we should know to make an appropriate housing referral?

Do you give Lake Washington UMC permission to share this information with Hopelink, Attain Housing or any other housing provider for the purpose of making a housing referral? If yes, sign and date below:

Sign your name

Print your name

Today's date

Please return form to any host (7-9pm) or the LWUMC office 12:30-3, Mon-Fri
Any questions, call Karina 425 922-8051 or email kcfom@hotmail.com