



Empowerment Center Room Usage Application

Date	
Contact Information	
Contact Person Name & Title	
Organization	
Mailing Address	
City, ST, ZIP Code	
Telephone	Office _____ Cell _____
E-Mail Address	

Reservation Request

Date	
Time Frame	
Purpose of Reservation: (type of activity, service, resource, etc.)	
Target Population	
Expected Number of Attendees	

Service Area

Please check the service area that applies to your meeting, activity, resource, etc. Check all that apply.

<input type="checkbox"/> Domestic Violence & Sexual Assault Empowerment Groups	<input type="checkbox"/> Mediation/Parent Visitation
<input type="checkbox"/> Teen Dating Violence	<input type="checkbox"/> Health & Wellness
<input type="checkbox"/> Transitional Services	<input type="checkbox"/> Court Advocacy (DV/SA)
<input type="checkbox"/> Homeless Intervention	<input type="checkbox"/> Legal Consultation
<input type="checkbox"/> Parenting Classes	<input type="checkbox"/> Resource Assistance
<input type="checkbox"/> Teen Parenting	<input type="checkbox"/> Mental & Emotional Health
<input type="checkbox"/> ESL (English as a Second Language)	<input type="checkbox"/> Financial Literacy
<input type="checkbox"/> Spanish Interpretation	<input type="checkbox"/> Workforce Development Services and Training

Agreement and Signature

By submitting this application, I affirm that I have read, and will comply with, Safe Haven’s Empowerment Center Policy. I further affirm that I will use the meeting space at Safe Haven’s Empowerment Center to provide services to those impacted by, or at risk of being impacted by, domestic violence/sexual assault in Pender County.

Name and Title (printed)	
Signature	
Date	

It is the policy of Safe Haven of Pender, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in partnering with Safe Haven to enhance services for domestic violence/sexual assault victims and survivors.

Staff Use ONLY:

Reservation Request	___Approved ___Denied
Additional Notes/Info.	
Staff Managing Request	