

RIVERVIEW CHRISTIAN KEY FOB REQUEST FORM

INSTRUCTIONS

- Fill out this form completely or it will be returned to you.
- Make sure to PRINT CLEARLY and SIGN.
- Place the completed form in the wire bin on the desk in the church office.

YOUR INFORMATION

Name: _____

Phone Number: _____ Email _____

PUT A CHECK MARK IN THE BOX AFTER YOU HAVE READ EACH STATEMENT BELOW

- I understand that I am not to lend my fob to another person.
- I understand that the security program will record the times I am in the building.
- I understand that *if I am not an employee of the church or school*, and I am in the building during school hours, I must sign in and out at the school office.
- I understand that in order to have a fob, I must have all the appropriate clearances on file in the church or school office.
- I understand that if I am working alone in the building, it is my responsibility to make sure the lights and heat or air conditioning are shut off, and all doors and windows are securely closed when I leave.
- I understand that I must return my key fob when it is no longer needed.

CHECK THOSE THAT APPLY

- I work for Riverview Christian Early Learning Center.
- I attend Riverview Christian Church.

SIGN AND DATE

Signature

Date Requested

OFFICE USE ONLY - DO NOT WRITE IN THIS BOX

- Child Abuse History
- State Police Criminal Record Check
- FBI Fingerprint

Key Fob Card Number: _____ Imprint Number: _____

Date Issued: ____ / ____ / ____ or reason for denial: _____