

## Catalysts Social Club Special Activity/Event Request

Proposed Activity/Event (be specific)

Proposed date(s) of activity/event \_\_\_\_\_

Will money be collected? Yes No

Total amount expected to be collected \_\_\_\_\_

How will money be collected? \_\_\_\_\_

How will collected money be tracked and accounted for?

Will Trust Funds be used for the event? Yes No If so, list the expected amount: \_\_\_\_\_

Were funds raised to help pay for activity or event? Yes No

If yes, which fundraising activity/event was it? \_\_\_\_\_

Will members need to be transported for this activity? Yes No

If yes, what type of transportation will be utilized? \_\_\_\_\_

Who will be assisting and/or involved in the activity/event (members, staff, volunteers, etc.)

Additional comments:

\*\*\*If you have brochures or pamphlets, please submit copies with requests\*\*\*

\_\_\_\_\_  
Social Club Assistant Name & Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Manager/Program Manager \_\_\_\_\_  
Date

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\* Approved Not Approved

\_\_\_\_\_  
Social Club Coordinator Name & Signature \_\_\_\_\_  
Date

Additional comments:

## Catalysts Social Club Fundraising Activity Request and Activity Plan

Proposed Activity/Event (be specific)

Proposed date(s) of activity/event \_\_\_\_\_

Will money be collected? Yes      No

Total amount expected to be collected \_\_\_\_\_

How will money be collected? \_\_\_\_\_

How will collected money be tracked and accounted for?


Will funds be fronted for fundraiser? Yes      No

If yes, where is money coming from? \_\_\_\_\_

Is money being raised for a specific activity or event? Yes      No

If yes, which activity/event? \_\_\_\_\_

Will members need to be transported for this fundraising activity? Yes      No

If yes, what type of transportation will be utilized? \_\_\_\_\_

Who will be assisting and/or involved in the fundraiser (members, staff, volunteers, etc.)


Additional comments:


List role and duties expected for all members, Adjoin's staff, volunteers etc.

Title (Volunteer, member, etc.)	Role <i>Example: Collect and hold money</i>	Responsibilities <i>Send money to the Home Office</i>

\_\_\_\_\_

Social Club Assistant Name & Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Regional Manager/Program Manager

\_\_\_\_\_

Date

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\* Approved                  Not Approved

\_\_\_\_\_

Social Club Coordinator Name & Signature

\_\_\_\_\_

Date

## Catalysts Social Club Money Handling Plan

Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_

Identified responsible staff person \_\_\_\_\_  
Phone # \_\_\_\_\_

Total amount expected to be collected \_\_\_\_\_

How will money be collected? \_\_\_\_\_

How will money be held daily? \_\_\_\_\_

*(Remember no person should hold monies on their person and no more than \$50.00 may be kept in a lock box in the office.)*

How will collected money be tracked and accounted for?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will money be sent to Corporate? \_\_\_\_\_

What is the deadline for funds being turned in? \_\_\_\_\_

*If funds are needed for the activity, please submit an approved Check Request to Corporate in a timely manner.*

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Social Club Assistant Name & Signature

\_\_\_\_\_  
Date

\*=====\*

\* Approved

Not Approved

\_\_\_\_\_  
Social Club Coordinator Name & Signature

\_\_\_\_\_  
Date

## Catalysts Social Club Activity Release

I give permission for \_\_\_\_\_ to participate in the \_\_\_\_\_ activity. I understand that supervision by Adjoin and/or volunteer staff may be limited dependent on the type of activity.

I also give permission for \_\_\_\_\_ to be transported by Adjoin and/or volunteer staff and release Adjoin and/or volunteer from all legal liability that may arise from this release.

\_\_\_\_\_  
Name & Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Conservator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Signature of Witness

\_\_\_\_\_  
Date

## Catalysts Social Club INSURANCE INFORMATION

NAME OF EVENT \_\_\_\_\_

1. DESCRIBE IN DETAIL THE ACTIVITIES TAKING PLACE DURING THIS EVENT:

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(USE BACK OF SHEET IF NECESSARY)

2. IS THE EVENT BEING HELD SOLELY BY COMMUNITY CATALYSTS OR IN CONJUNCTION WITH ANOTHER ENTITY? \_\_\_\_\_

3. IF ANOTHER ENTITY IS INVOLVED, ARE THEY INSURED? YES / NO  
(PLEASE FAX A COPY OF THEIR INSURANCE FORM ALONG WITH THIS FORM)

4. DATE AND TIME OF THE EVENT: \_\_\_\_\_

5. WHERE IS THE EVENT TAKING PLACE? \_\_\_\_\_

6. HOW WILL TRANSPORTATION BE PROVIDED? PRIVATE CARS, RENTED VEHICLES, CHARTER VEHICLES. PLEASE BE SPECIFIC \_\_\_\_\_

7. DOES LOCATION OF EVENT REQUIRE A CERTIFICATE OF INSURANCE? YES / NO (i.e. CITY BUILDING, CITY PARK, ETC.)

8. WILL THERE BE EMERGENCY MEDICAL EQUIPMENT AND PERSONNEL AT THE EVENT? YES / NO

9. APPROXIMATE NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_

10. ARE THERE LIQUOR CONTROLS IN PLACE? YES / NO IF SO, WHAT:

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11. IF THIS IS AN INDOOR EVENT, ARE THERE ADEQUATE EXITS? YES / NO

12. IS THE EVENT TO BE HELD ON OR NEAR WATER? YES / NO

IF SO, PLEASE DESCRIBE:

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INSURED/ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_



## Catalysts Social Club Volunteer Waiver of Compensation Form

I, \_\_\_\_\_(name), understand that as a volunteer I waive the right for  
any and all compensation for my time during the  
\_\_\_\_\_ (activity/event title)  
activity/event on \_\_\_\_\_(date).

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Club Assistant Name & Signature

\_\_\_\_\_  
Date

**Catalysts Social Club  
Staff Activity Compensation Authorization Form**

*(This form must to be completed and submitted to your immediate supervisor PRIOR to the  
Activity/Event)*

Date of Request: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Activity/Event: \_\_\_\_\_

Date of activity/event: \_\_\_\_\_

Estimated hours for activity/event: \_\_\_\_\_

Estimated mileage, if appropriate: \_\_\_\_\_

Additional costs or expenses expected *(Be Specific)*: \_\_\_\_\_

\_\_\_\_\_

Will this affect your normal work schedule? Yes NO

If yes, how will you provide coverage for your scheduled hours? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date

\*=====\*

\* APPROVED

NOT APPROVED

\_\_\_\_\_

Manager Name & Signature

\_\_\_\_\_

Date