



Fontana Community Senior Center Resource Program Application



Thank you for your interest in partnering with the Fontana Community Senior Center’s Resources program. Your programming application will be reviewed by the Resources Administrative staff, and you will be contacted within three business days regarding the status of your application.

Please attach a sample of your work, a sample flyer, business card, website link, or any additional information you feel is pertinent to your service/presentation.

Organization/Name: _____

Mailing Address: _____

City: _____ State: _____ Phone Number: _____

Email: _____ Website: _____

Objective: To ensure a quality experience at Fontana Community Senior Center, we have created the following terms and conditions for Resource programming.

Prohibited	Allowed
No person shall solicit money, subscriptions or contributions for any purpose.	Provide educational programs, i.e. discussions, lectures, seminars on topics that seniors have expressed interest in.
No person shall sell or offer for sale, hire, lease or let out any object, service or merchandise or anything whatsoever, whether corporeal or incorporeal.	Donate items for an event, i.e. special events, dances, health and resource fair, etc. (If you supply item(s) for an event, you will be recognized for the contribution.)
Non-governmental organizations, private businesses, and individuals are not allowed to promote or sell their products and services at the Fontana Community Senior Center.	Distribute informational handouts on seminar topics. (Presenters are responsible for photocopying and/or supplying all handouts, literature, and materials for seminars).

Upon each visit, you will be provided with one table and two chairs. Any presentation or workshop that you would like to present would need approval no less than 3 weeks to the date.

Please Note: Groups or individuals may not publish press or website releases, post or distribute flyers, literature, products or services without approval, a request shall be made in writing no less than 3 weeks prior to the desired posting date.

Partnership with Fontana Community Senior Center will include [Check all that apply]:

- Educational Programs Donations Sponsorships Health Screenings
 Support Groups One-on-one Consultations Informational Brochures

Explanation of Partnership: _____

Resource Calendar Information:

A. Requested Vendor Booth Days (Please Circle one)

M T W Th F

B. Requested Dates

(For an example: 1st Monday of every month, or the 15th of every month)

C. Start Time: _____ **End Time:** _____

D. Contact me for information on:

- Donation Opportunities
 Special Event Vendor Opportunities

I hereby understand and agree to terms and conditions for Resource Programming at Fontana Community Senior Center. Failure to comply with guidelines will result in termination of partnership and cancellation of all future programming with Fontana Community Senior Center.

Signature: _____ Dated: _____

Please Note: Due to a high volume of Resources Vendors, this application will need to be filled out every six months from the date signed.

FOR OFFICE USE ONLY:

Received on: _____
Date

By: _____
Signature of FSCS Staff Member

Contacted Resource Provider on: _____
Date

Confirmation of Approval: _____
Date

By: _____
Sr. Community Services Assistant- Resources

By: _____
Community Services Coordinator