



## **Community Sharing Warming Shelter Guest Agreement**

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

Date: \_\_\_\_\_

This agreement will make the warming shelter safe for everyone and will ensure that it can continue to open when needed. Breaking any of these agreements will be dealt with immediately and may result in your removal from the shelter and/or termination of services at Community Sharing Program.

1. I agree to show respect for everyone – no fights, no yelling.
2. I agree to not bring any alcohol, drugs or weapons to the shelter. If I will need to take a prescribed medication, I have informed shelter staff.
3. I agree to not engage in any sexual activity while at the warming shelter.
4. I understand that my privacy will be limited.
5. I understand that my personal belongings will be kept in locked storage overnight. If I need any items from my belongings, I will notify staff who will, as time permits, bring my belongings to the intake area where I will be able to retrieve the needed item(s). My belongings will then be returned to the locked storage area. I will take all of my belongings with me when I leave.
6. I will observe quiet time / lights out from 11 PM to 7AM.
7. If I smoke, I will smoke only tobacco and only in designated areas.
8. If I can't sleep, I will make use of the common area to relax. If speaking with others, I will speak softly.
9. I will keep my sleeping area, the bathrooms and common areas clean and tidy.
10. If I have a pet or service animal, I will keep the pet under control and I will clean up after my animal with provided doggy bags. Enclosures will be provided for the animal while in the building.
11. If I have a problem or concern, I will find a volunteer staff person to help solve it.
12. I understand that if I leave the warming shelter at any time after check-in, I will not be re-admitted.
13. I will check out in a timely manner at 8 a.m. the morning following an activation.
14. I understand that if this program is funded by local, state (Oregon Housing and Community Services) or federal funders, these funders have a right to review my file to evaluate program performance and assure program integrity. I also understand that my information may be shared with participating Lane County providers in WELLSKY(HMIS/CMIS).

**I understand these rules and agree to follow them.**

Signed: \_\_\_\_\_

*Community Sharing Warming Shelter management reserves the right to refuse service to anyone who is deemed dangerous because of current or past behavior. The agency also reserves the right to terminate or limit services to any client who has supplied false information to obtain services.*