

ROOM TO LEARN

Cornerstone Community Wellness, Inc. is a not-for-profit organization that strives to eliminate barriers to mental, physical, and spiritual health. *We will offer a safe space with internet access for up to 20 high school students to work on school work and appropriate projects free of charge (Monday - Thursday, 10 am - 4 pm). *Staff/volunteers will be present onsite, but not always in the room supervising student activity.** To qualify for this service:

- Show proof that you are a high school student (school ID or parent verification)
- Adhere to the code of conduct.
- Complete application & return with signatures of student and parent/guardian.

CODE OF CONDUCT

Cornerstone reserves the right to deny service at any time if the following guidelines are not met. Cornerstone also reserves the right to discontinue this service at any time. Students will be served without discrimination. *Initial each guideline to show understanding and sign.*

___1. Function independently in schoolwork, adhering to the school's Technology Use Agreement & Academic Integrity standards. Additionally, phones or other electronics should be used only to view appropriate content. Headphones should be used for anything requiring sound.

___2. Respect others. Wear a mask & physically distance. This also includes kind treatment of the staff, volunteers, other students, and patrons of Cornerstone. Bullying, inappropriate physical contact, and foul language will be grounds for dismissal. No more than one person in the restroom at a time. Do not take pictures of others without permission.

___3. Respect the facility. Illegal substances, tobacco products, and weapons of any kind are not allowed. Cornerstone property should be left in the condition you found it. No other services of Cornerstone should be used without permission from staff.

___4. Clean up after yourself. Please place garbage in the appropriate receptacles, wipe down your table and chair after use with disinfectant labeled for this use.

___5. Be safe. You are responsible for transportation to and from the facility. Be aware and travel carefully as you come and go. No loitering outside the property.

Cornerstone will document infractions in the form of a written warning and will dismiss students for extreme infractions or continued inability to follow the code of conduct. Cornerstone reserves the right to contact the student's parent/guardian and/or appropriate authorities.

I, _____, will abide by the code of conduct and understand that I may be suspended or dismissed from the premises for violation of this code.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____



STUDENT APPLICATION

Please fill out the following information completely. This information will not be shared outside of Cornerstone Community Wellness, Inc. and will only be used as it relates to the Room to Learn program.

Last Name: _____ First Name: _____

Address: _____ City: _____

Student Phone: _____ Email: _____

Gender: _____ Date of Birth: _____ Grade: 9th 10th 11th 12th

Parent/Legal Guardian Name: _____ Phone: _____

Emergency Contact Name (if different from parent): _____

Emergency Contact Phone: _____ Relationship: _____

Allergies or pertinent medical information: _____

LIABILITY RELEASE

I acknowledge that I understand the activities that will/will not take place at Cornerstone Community Wellness, Inc. for the Room to Learn program. I will wear a mask at all times within the facility and maintain a distance of 6 feet or greater between others. I acknowledge the risk in coming and going and assume full responsibility for this. I voluntarily elect to accept all risks associated with property damage or accidents on Cornerstone property including those that may arise from use of Cornerstone facilities and equipment or those caused by the negligence of others or my own negligence or misuse.

In consideration of being permitted to use Cornerstone Community Wellness' facilities, I hereby release, acquit and discharge this facility, its successors and assigns, and its officers, directors, agents, and employees of and from all claims and liability of any kind and agree that I will not sue or commence any action of any kind against Cornerstone, its successors and assigns, and its officers, directors, agents, and employees.

By signing this document, the student and parent/legal guardian agree to allow images of student (video, photo, other digital media) captured during programs/events to be utilized in printed materials, media materials, or online. Releasers agree to waive rights of compensation or ownership of these images. Student's name will not be publicized in conjunction with these images, unless and authorized Cornerstone representative received written or verbal permission. Cornerstone is not liable for images of your student that are "tagged" or posted by other individuals on social media or other websites.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____