



**Valley Of The Falls Community Center Inc. (VFCCI)
BIG FALLS LODGE
Services Resource List Application**

Name: _____ Date: _____

Physical address: _____

Mailing address _____

Phone #'s: Home (____) _____ Work (____) _____ Cell (____) _____

email: _____ Website: _____

Service you provide, (submit a separate application for each type service provided) check

appropriate box: assistant, general bartender cleaning decorating
 firewood flowers food, catered food, prepared on site host/hostess
 minister or wedding official music, live music, dj overnight accommodations
 parking attendant(s) photographer, still photographer, video printing;
flyers, invitations, etc. security other, specify: _____

Cost for service: \$ ___ per hour person load night other, see notes

Have you provided this service before? ___ yes ___ no. If so, please give three references;

1. Name: _____ Phone # _____
2. Name: _____ Phone # _____
3. Name: _____ Phone # _____

_____ Are you a member of VFCCI? yes no. If so, membership number: _____

Require advance notice? how many days? _____. If you require an advance deposit, how much? _____. Refund requirement: _____.

Use the notes section on page two to indicate any particulars about your service such as;
• Type of food specialty • Minimum charge or minimum number of hours • Type of music;
number of players, vocalists, amount of space needed to perform. If your service includes
more than 1 person being required or if you have more than one person available, at what
additional costs. • Do you provide a special uniform or other special/unique item(s)?

Place additional information here: _____

see additional page(s)

Applicant shall indemnify, defend and hold VFCCi and its officers, officials, employees, agents and volunteers harmless from and against any and all liability (direct or indirect) including any and all costs and expenses in connection herein, claims, suites, actions, damages and causes of action arising out of the work of applicant, including, but not limited to, any personal injury, loss of life or damage to property, or any violation of any federal, state or municipal law or ordinance, or other cause in connection with the negligent or intentional acts or omissions of applicant, its employees, sub-contractors, or agent.

If accepted, I agree to represent VFCCi and the community of Forest Falls to the highest standards and understand that being placed in the services resource list is a courtesy referral only without coverage by VFCCi for workers compensation or medical insurance and without any obligation or assurance on the part of VFCCi that my services will be requested. If accepted, I approve of my information being made public on the VFCCi website and/or in printed form when applicable.

I also understand that VFCCi is a charitable, non-profit organization, and as such is dependent upon the support of others. If I am hired due to the exposure, word of mouth or advertising, of VFCCi, its website, members, etc. I will make every effort to provide a reasonable donation to VFCCi (suggested at 10%, or more).

I agree that VFCCi reserves the right to deny my entry into the resource list or to remove me from same at any time and at the sole option of VFCCi.

Submitted: _____ **Title:** _____

Shaded area for VFCCi staff use only. Received on: _____ via: _____ by: _____			
Reference Confirmation done by: _____			
1: Date _____	Spoke to _____	Rating <input type="checkbox"/> xInt <input type="checkbox"/> good <input type="checkbox"/> mediocre <input type="checkbox"/> poor	
2: Date _____	Spoke to _____	Rating <input type="checkbox"/> xInt <input type="checkbox"/> good <input type="checkbox"/> mediocre <input type="checkbox"/> poor	
3: Date _____	Spoke to _____	Rating <input type="checkbox"/> xInt <input type="checkbox"/> good <input type="checkbox"/> mediocre <input type="checkbox"/> poor	
Notes: _____			

Application <input type="checkbox"/> accepted <input type="checkbox"/> rejected on _____ Applicant notified on _____			