



**Presbytery of the Hudson River**

655 Scarborough Road, Scarborough, NY 10510

(914) 941-2100

**Shared Building Usage Survey**

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Church Contact Person: \_\_\_\_\_

**Please complete this form and submit no later than **March 1, 2013.****

1. Do you share your facility with any other religious organization on a regular (consistent) basis? YES  NO

2. Do you share your *sanctuary* with any other religious organization on a regular (consistent) basis? YES  NO

3. If you answered YES to question 2, please complete the following (more space on back):

Name of Organization	Frequency of space use?	Majority Racial-Ethnic identity of organization?	Primary language of members of organization?	Certificate of insurance on file?	Written agreement exists?	Compensated?
1.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

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4.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
5.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
6.				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>