

ADMIN OFFICE HOURS

Tuesdays: 10am - 4pm  
Wednesdays: 10am - 4pm  
Thursdays 10am - 4pm  
Fridays 11am - 3pm

## **FOB Access Key Application**

For those who would like access to the Rhoda Masjid for the daily prayers, or who would like to come and enjoy the space for dhikr and Rhoda programs you can apply for access via FOB key by filling out the following contract. Please fill out all the fields, sign and date the form and return to the administration office (Rhoda Library) at the hours listed above. In addition to your application you must include and submit the scanned copy of the documents listed below.

**Please note that the Rhoda Masjid does not offer FOB key access to minors, only adults (18+) are eligible to apply for a FOB.**

DOCUMENTS TO BE SUBMITTED

In addition to the signed form below, applicants must also submit the following

- A proof of ID such as Driver's License (or any Government issued ID with address)
- A Criminal Record and Judicial Matters Check (less than 1 year). This can be processed online at
  - <https://olbc.ottawapolice.ca/>
  - Provide the attached volunteer letter to reduce the application fee to 0\$
- A 50\$ security deposit (cash) for FOB replacement & liability.

*\*Please note that if you are unable to scan your documents, you can bring the requested documents to the admin office and request assistance.*

We are committed to the safety of all in this House of God and appreciate your understanding and patience with this process. Many of our congregants are children, women, or elderly and may come at any time during the day to pray and remember God. Anyone with access may be surrounded by many people or few people depending on the day and time of day. For this reason, we are committed to making sure that whoever enters this place is safe and feels safe.

**This sanctuary is a safe space for all and the safety of our children and congregants is our collective responsibility.**

**It is our top priority at The Rhoda. (FOB applicants must be at least 18 years old)**



# Rhoda FOUNDATION

*Building Community, Spreading the Light*

## CONTRACT

Legal First Name					
Legal Last Name					
Date of Birth					
Occupation					
Address					
Date					
Cell Phone Number					
Email Address					
For how long have you been attending the Rhoda regularly?					
How frequently do you attend?	Monthly	Weekly	Daily	Events	< 3 times
Projected frequency of attendance?	Monthly	Weekly	Daily	For Events	
Community REFERENCE 1 (*Must be someone who already has FOB access)	FULL NAME		PHONE NUMBER		
Community REFERENCE 2 (*Must be someone who already has FOB access)	FULL NAME		PHONE NUMBER		
Access Type	Long term (6+ months)		Short term (specify dates) From _____ to _____		



### **Please read before signing**

By signing this agreement you are taking full responsibility for the access key fob that will be provided to you. If the key fob is lost or stolen you must notify management immediately via email at [operational@rhoda-foundation.org](mailto:operational@rhoda-foundation.org). You will be responsible for the replacement fee of the key fob: **\$50.00**.

By signing this agreement you are agreeing to be the sole user of the provided key fob. This fob cannot be shared with others (including those who also own a fob, or family members). The liability upon the owner is of the use and misuse of this FOB key. You are fully responsible for the replacement of the key fob if necessary. You are also responsible for turning in the key fob to management upon termination of your access to the facility. Failure to return the fob key will result in processing of the security deposit to the Rhoda Foundation.

### ***ACCESS & HOURS***

This FOB key provides you access to the Gabriel St. door (facing Tim Hortons), which is the door for congregational prayers and can be used for public events.

FOB key owners will be able to access the building's main congregational prayer area any time between the hours of **6am to 10pm** after which the Rhoda Masjid security system will be activated and the masjid will be closed for all.

I, the undersigned, acknowledge receipt of the access key fob. I agree not to loan, share/transfer possession of, misuse, or alter the key fob that has been issued to me.

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

***\*\*NOTE THAT ONCE YOU SUBMIT YOUR FORM IT WE MAY REQUIRE 1 TO 3 BUSINESS DAYS FOR ADMINISTRATION & PROCESSING.***



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FOR STAFF USE ONLY

To be filled out by staff upon return of FOB:

<b>Fob Number</b>		
DEPOSIT fee received	YES	NO
CRC Received	YES	NO
ID received	YES _____	NO
FOB return date		
Deposit refunded	YES	NO

ADMINISTRATOR SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_