



780 Carter Drive; Helena, Mt 59601

Ph (406) 443-3255 Fax (406) 443-3813 Email training@montanacarpenters.com

Dormitory Application, Rules and Regulations

The Montana Carpenters Joint Apprenticeship & Training Trust Fund is proud to present you with this professional training facility. Please conduct yourself professionally at all times. We appreciate your cooperation in completing this Dormitory Application and for adhering to the following rules and regulations.

- 1. Illegal drugs, weapons or alcohol are not allowed on the premises.**
- 2. Guests are not allowed in the dormitory area at any time.** The dormitory area is designed for student use only.
- 3. Quiet time hours** are from 10:00pm to 6:00am
- 4. Check In on Monday at 7:30 a.m. *OR Call ahead (406) 475-9131 Irene* if you would like to arrive on Sunday Evening. If you do not call ahead, the dormitory will be locked until Monday morning. Check Out on Friday by 6:00p.m.** Enter the building at the rear (west) door. The dorm rooms are up the stairs. Choose any room that is not marked as assigned.
- 5. Smoking is not allowed in the training facility building OR within 50' of the building.** Smoking is allowed in the rear yard out the west door. All cigarette butts are to be discarded in the butt can. *Do not leave them on the ground.*
- 6. Kitchen facilities are available for your convenience.** Please remember to clean up after yourself.
- 7. Keep bathrooms, showers and other dorm area's clean. It is your responsibility to keep the dorm area clean at all times** and to report any damage or nonworking items to the Training Director.
- 8. No horse-play or fighting.** Please conduct yourself in a civil manner at all times.
- 9. Any property damage incurred will be the sole responsibility of the offender.**

I, (PRINT NAME) _____, SSN ___-___-_____, DOB ___/___/_____, give my consent to the Montana Carpenters Joint Apprenticeship and Training program to conduct a criminal background check. I understand that this consent is required for the program to consider my application for Dormitory Privileges. I further state that I have _____ or have not _____ been convicted of a Felony. The State where convicted (if applicable) is _____ Date of Conviction _____.

BY SIGNING BELOW I ACKNOWLEDGE THAT I AM APPLYING FOR DORMITORY PRIVILEGES. I HAVE READ AND RECEIVED A COPY OF THESE DORMITORY RULES AND REGULATIONS. I FURTHER AGREE TO ABIDE BY THEM.

Signature _____

DATE _____