

# SPECIALTY USE OF OPEN FLAME FOR SPIRITUAL OR CULTURAL PRACTICES IN NDSU RESIDENCE LIFE FACILITIES

NORTH DAKOTA STATE UNIVERSITY – DEPARTMENT OF RESIDENCE LIFE – DIVISION OF STUDENT AFFAIRS

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Campus Address: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Number Attending: \_\_\_\_\_

## RESIDENCE HALL RESIDENTS

Please complete this form and return it to your Hall Director.

## BISON COURT APARTMENT RESIDENTS

Please complete this form and return it to the Bison Court Complex Manager.

## GUIDELINES

- Requests are not approved or denied on the basis of religion, but requests may be denied based on space availability, resident reputation of prior use, staff availability, or substantial safety concerns.
- One resident must take responsibility for the event, be present at all times, and assume liability for any damages caused, accidental or otherwise.
- This policy is designed for residents of Residence Life facilities. All reservations must be made by a resident but individuals who do not live in a residence life facility may use the space if they are escorted by that resident.
- Candles, incense, or any open flame must be closely monitored at all times.
- Flames and other open heat elements must be kept away from combustible materials.
- A fire extinguisher must be easily accessible.
- A designated Residence Life staff member must be contacted at the conclusion of the space use to determine that any potential hazard of fire has been eliminated.
- Candles, incense, sage, sweetgrass, and any other items to be burnt must be stored in the designated area for your hall or apartment. Speak with your Hall Director or Complex Manager to learn more.

I am responsible for this event and agree to follow these safety guidelines.

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

## RESIDENCE LIFE STAFF USE ONLY

Location of event: \_\_\_\_\_

Residence Life Staff assigned to check room before and after use: \_\_\_\_\_

Name

Phone#

\_\_\_\_ I approve this request

\_\_\_\_ I deny this request

Rationale for denial, if applicable:

\_\_\_\_\_  
Signature of Hall Director or Complex Manager

\_\_\_\_\_  
Date