City of Naples - Community Services Department



RIVER PARK COMMUNITY CENTER COMPUTER LAB RULES

Phone: (239) 213-3037 Fax: (239) 213-3035 Email: riverpark@naplesgov.com

- 1. You will respect Center staff and equipment at all times.
- 2. You must be 16 years of age or older or accompanied by a parent/guardian.
- 3. Photo identification required (Driver Licenses, Passport, Alien Card, etc.).
- 4. No food, drink or gum in Computer Lab.
- 5. Do not tamper with the equipment.
- 6. Do not personalize the computer in any manner, for example:
 - a. Installing screen savers and/or wallpaper.
 - b. Adding, changing or moving desktop icons.
 - c. Changing the video and/or audio settings.
- 7. Do not use abusive language or engage in behavior that disturbs others.
- 8. Do not use cell phones in Computer Lab.
- 9. Do not tamper with, delete, manipulate or damage programs or files stored on any lab computer.
- 10. Do not save personal files on the computer hard drives.
- 11. Do not change from your assigned computer without staff approval.
- 12. Use headphones when listening to music or when using programs requiring speakers.
- 13. Do not use lab computers to visit adult sites or other sites that may be offensive to others.
- 14. Headphones provided by request (when available), must be returned when checking out.
- 15. When you leave Computer Lab always log off assigned computer.

Violators of the above rules will be dealt with as follows:

*1st violation: You will be denied computer lab use for 1 week.
*2nd violation: You will be denied computer lab use for 1 month.
*3rd violation: You will be denied computer lab use for 6 months.

Staff reserves the right to deny violators access to computers at anytime indefinitely.

Community Center staff is here to provide access to the Computer Lab. Staff is not able to provide personal instruction. But will post class schedules when available.

I have read and understand the above rules and agree to abide by them.

PRINT NAME (not required if submitting electronically) SI

SIGNATURE

DATE

(Note: If submitting this form electronically, please type your name and date on the corresponding lines above. Also, please review the Electronic Submittal disclaimer below.)

ADDRESS

TELEPHONE

ELECTRONIC SUBMITTAL

(NOTE: The button used to submit this form (via email) will appear upon checking the box and agreeing to the terms below. Saving this entire form for electronic submittal requires a minimum of free Adobe Reader version 11 (or greater), or Adobe Acrobat Standard / Pro).

By checking this box, typing your name in the applicant/citizen signature field(s), and submitting
this form electronically (via email), you affirm that all information contained within this document
was completed truthfully, and to the best of your knowledge and you understand that your electronic
signature is considered legally binding the same as signing your physical signature by hand.