MEETING ROOM APPLICATION

Application Process
1. An authorized adult representative of a group interested in using the Library meeting rooms must complete a Meeting Room Application provided by the Library. This application must be submitted to the Library Director at least three (3) weeks prior to the first scheduled meeting date but no more than three months in advance. The Library Director should be notified three (3) weeks in advance of program cancellations.

2. Businesses, for-profit groups, and organizations that have insurance must submit must provide proof of liability insurance for personal injury and property damage as well as the provided Indemnification Form.

3. The person signing the Meeting Room Application form must be 21 years of age or older, a resident of Ancram, Copake or Hillsdale, and must be in attendance when the meeting room is in use. For programs occurring outside of normal Library hours, arrangements for entry should be made with the Library Director.

4. The Library reserves the right to cancel a scheduled meeting with three (3) weeks notice if the room is needed for Library programming. The Library will make every effort to avoid a cancellation but does reserve that right.

I hereby apply for use of meeting room space specified above and agree to be responsible for damages to the Library equipment, furniture and/or facilities during my scheduled use of the room. I acknowledge that I have received, read, understand and agree to abide by the Meeting Room Policies and Conditions of Use.

Application Date: ___________________ Program Date: __________________________
Desired Location: Community Room __________ Conference Room _________
Time needed (include time for set-up and clean-up): ______________________________
Publicized Starting Time of the Program: ______________________________
Name of Organization/Group: ________________________________________________
Meeting Purpose or Function: ________________________________________________
Title of Program: ___________________________________________________________
Principal Speaker: ___________________________________________________________
Expected Attendance: _________________________________________________________

Please check the form submitted as required by the Meeting Room Policy:
Certificate of Insurance ________  Indemnification Form ________

Applicant’s Name and Title (please print): _______________________________________

Applicant’s Signature: __________________________________________________________

Address: ____________________________________________________________________

Telephone Number: ____________________________________________________________

E-Mail Address: ____________________________________________________________________

If the public requests information, we will refer them to you.

Mail, fax or deliver completed application to:
Library Director
Roeliff Jansen Community Library
P. O. Box 669
Hillsdale, NY 12529
FAX # 518-325-4105

FOR LIBRARY USE ONLY:
Confirmation Date __________________
Security Deposit __________ Received ________________
Additional Information

Adopted by the Library Board of Trustees November 13, 2018