

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 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 _____
Pavilion _____

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

Amended May 19, 2026