

MEETING SPACE APPLICATION

Application Process

1. An authorized adult representative of a group interested in using the Library meeting spaces must complete a *Meeting Space 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 (3) months in advance. The Library Director should be notified three (3) weeks in advance of program cancellations.
2. For-profit groups and nonprofit organizations that have liability insurance must submit proof of insurance for any use of the Community Room or Pavilion for events that are not sponsored by the Library. Individuals requesting use of the space should show us a copy of their homeowners' and/or liability insurance. The Library may waive this requirement on a case-by-case basis for individuals and nonprofit organizations, taking into consideration the nature of the use and the means of the applicant. All applicants must sign the provided Indemnification Form.
3. The person signing the *Meeting Space Application* form must be 21 years of age or older and must be in attendance when the meeting space 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 space specified below and agree to be responsible for damages to the Library equipment, furniture, and/or facilities during my scheduled use of the space. I acknowledge that I have received, read, understand, and agree to abide by the Meeting Space 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 Space 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; October 20, 2026