

MOUNT OLIVE PUBLIC LIBRARY

202 Flanders-Drakestown Road; Flanders, New Jersey 07836 | P: 973-691-8686 | www.mopl.org

LIBRARY MEETING ROOM APPLICATION

Date of Application: _____

Date Application Received: _____

Received by: _____

Staff Member's Name (Print Legibly)

Staff Member's Signature

Please legibly and neatly print or type the following information where applicable:

Name of Organization: _____

Name of Individual Filing Application: _____

Signature of Individual Filing Application: _____

Individual's Address: _____

Individual's Phone Numbers: Home: _____ Cell: _____

Work: _____ Fax: _____

Email address: _____

Brief description of type and purpose of program to be scheduled: _____

Date(s) required: _____ Expected Attendance: _____

Hours Scheduled: _____ Hour program is to Begin: _____

(Includes set-up, break down & cleaning of meeting room)

Insurance Information: Carrier: _____ Policy Number: _____

Please check the appropriate box that determines the purpose or function of organization?

Non Profit/not for profit _____ Profit _____

Do you plan to serve refreshments? Yes _____ No _____

Approved at the regular meeting of the Mount Olive Library Board of Trustees on 03/21/2017

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Do you plan to distribute literature? Yes _____ No _____

If you checked the "Yes" box, please enclose a sample of the literature.

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- No advertisement of an event may be posted in the Library without prior approval of the Library Director.
 - No admission fee may be charged for programs held in the Program/Meeting Rooms
 - Exceptions can only be authorized by the Library Board of Trustees
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Name of Speaker (s) and title(s), if any:

I/we have read and agree to abide by the provision and regulations of the Mount Olive Public Library governing the use of the meeting room(s).

Individual(s) signing for the Organization (Please print)

Date

Individual(s) Signing for the Organization (Signature)

Date

Library use only:

Insurance Certificate Received? Yes _____ No _____

If yes, what date was it received? _____

Please legibly print name, then sign.

Approved by: _____

Denied by: _____

Date: _____

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Vendor/Performer/Organization/Instructor/Individual – Hold Harmless Contract

This agreement is made between the Mount Olive Public Library ("the Library") and

Who agree(s) to be an independent contractor hired for a program on

Date: _____

for a fee of: _____

The Mount Olive Public Library reserves the right to terminate this contract at any time.

“I/we hereby waive and release all rights against the Mount Olive Public Library, the Township of Mount Olive, their employees, and agents for any and all injuries which may be incurred by me/us or any participants during the set-up and break-down of event, and the event itself.”

Independent Contractor's printed name

Library representative's printed name

Independent Contractor's signature

Library representative's signature

Date

Date
