

# **MOUNT OLIVE PUBLIC LIBRARY**

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

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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 \_\_\_\_\_

**\*\*NO FOOD OR DRINK IN HERITAGE ROOM\*\***

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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

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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

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