

Heermance Memorial Library Meeting Room Policy

The Heermance Memorial Library Board of Trustees allows the use of meeting rooms by local individuals and groups for civic, educational, philanthropic, and recreational purposes. Meeting room use is permitted to individuals and groups regardless of their beliefs or affiliations. Authorization to use the Library's facilities does not reflect endorsement by the Library of the general or particular program, position, beliefs or purpose of any persons or organizations. The Library Director/ Board has the right to determine if the requested use falls into accepted categories. The meeting room is not able to accommodate large gatherings; therefore, a limited capacity will be up to the Board of Trustees. The parking lot, located behind the library, off New Street, is available.

The meeting room may only be used when the library is closed. The Library Director may authorize exceptions to this.

Requests must be made at least one week in advance but not more than three months in advance. The Library Director will be responsible for the mechanics of the reservation. There is no charge for the meeting room. Use of the room for Library activities has first priority. Not for profit groups may collect donations, membership dues, and/or registration fees covering the cost of materials or speakers.

An authorized representative of the group requesting to use the library meeting room will be required to complete and sign the Library Meeting Room Application Form. Individuals booking the meeting room must be at least 21 years of age and a resident of the Heermance Memorial Library Special District. An adult, age 21, or older must be present during the entire use of the facility by the group. An adult must supervise children at all times. Each group using the room must sign a statement accepting responsibility for general cleanup and payment for damages or loss of equipment or library furnishings. The person who signs the statement is responsible for the conduct of the group, and must be in attendance at the meeting. Each group is responsible for leaving the room in the order in which it was found.

Smoking, vaping, and other use of tobacco products in the building is prohibited. No controlled substances are allowed in or on Library property. Alcohol is only permitted with prior consent of the Board of Trustees. Weapons of any kind are prohibited anywhere in or on library property except by law enforcement or other authorized officials. Music and noise must be kept at a reasonable level determined by the Library Director.

Light refreshments may be served with prior approval from the Director. The group is responsible for removing trash from the premises.

Adopted by the Board of Trustees of the Heermance Memorial Library January 20, 2004
Revised by Board of Trustees of the Heermance Memorial Library November 15, 2007
Revised by Board of Trustees of the Heermance Memorial Library July 17, 2008
Revised by the Board of Trustees of the Heermance Memorial Library February 16, 2012
Revised by the Board of Trustees of the Heermance Memorial Library March 18, 2021

Heermance Memorial Library
1 Ely St
Coxsackie, NY 12051

Heermance Memorial Library Meeting Room Application

Name of Organization/ Group: _____

Address: _____

Telephone: _____

Purpose of Group: _____

Purpose of Meeting: _____

Date of Meeting: _____

Time first person will arrive: _____

Time last person will leave: _____

Number of people attending: _____

The group is responsible for setting up the room to its specifications. The group is also responsible for restoring the room to its original setup when the meeting is over.

The above group agrees to comply with all terms of the Heermance Memorial Library Meeting Room Policy. The group also agrees to pay for any damage or loss to library property, equipment or materials used.

I certify that I will be in attendance at the above meeting and that I am authorized to commit the above named group to the terms set forth in the Heermance Memorial Library Meeting Room Policy and Application.

Name (printed): _____

Signature: _____

Date: _____

Address: _____

Telephone: _____