

SEAFORD PUBLIC LIBRARY
2234 JACKSON AVENUE
SEAFORD, NY 11783
Phone: 516-221-1334 Fax: 516-826-8133

VALENTINE MEEHAN COMMUNITY MEETING ROOM

POLICY FOR USE

Library-sponsored programs receive first consideration in scheduling of the meeting room. Only library-sponsored programs are held on a regular schedule. Community organizations may not use the meeting room as their regular meeting space, but may sign up occasionally on a space-available basis.

At such times as the Meeting Room is not scheduled for use by the Library, it is made available without charge to the following types of organizations of the Seaford Community: Cultural, Educational, Intellectual or Charitable. More than half of the membership of said organization must reside within the Seaford School District. Use of the library's facilities by these community organizations is subject to review by the Board of Trustees. The meeting room is not to be used for sectarian religious instruction or as a place of religious worship; except to the extent that non-secular subject matter is presented or discussed from a religious viewpoint as is judicially recognized as constitutionally protected free speech. Further, the meeting room may not be utilized by political parties or representatives of political parties when the purpose of such is to promote a political agenda. In addition, the meeting room is not to be utilized for the advancement of commercial or profit-making enterprises. The fact that an organization is permitted to meet at the public library does not in any way constitute an endorsement of its policies or beliefs by the Board or Staff, but rather an affirmation of the Library Bill of Rights, which states:

Libraries, which make exhibit spaces and meeting rooms available to the public they serve, should make such facilities available on an equitable basis, regardless of the beliefs or affiliations of individuals or groups requesting their use.

1. Adults only may apply for the use of the meeting room. For each use of the meeting room, an application must be filed with the Director's Office. Bookings must be arranged a minimum of 5 working days prior to the requested date, but not more than one month in advance.
2. The meeting room is available during regular library hours and on Monday through Thursday evenings. If meetings run beyond 9 pm a fee of \$30.00 per hour is charged to the organization for the custodian / watchman. All meetings must end by 10:00 pm and the building be vacated by 10:30 pm.
3. If an organization wishes to serve refreshments, use of the meeting room kitchen will be permitted. No utensils or dishes will be supplied. No alcoholic beverages may be served. The kitchen should be left clean and in good order.
4. All meetings must be open to the general public.
5. Literature to be distributed must accompany the application. The Board requires that a disclaimer be printed on any such items, indicating that the meeting is not sponsored by the Seaford Public Library and that the opinions expressed do not reflect the attitudes of the Board.
6. The organization or group agrees that it will pay for all damage to property of the Seaford Public Library resulting directly or indirectly from its meeting.
7. The Seaford Public Library assumes no responsibility for any property placed in the Library in connection with a program. The organization agrees that the Library has no liability for any loss, injury or damage to persons or property on library property, which may be sustained because of a program held in the Library's meeting room.
8. The organization or group is responsible for setting up tables and chairs for their meeting and returning the room to its original condition.
9. Consumption of alcoholic beverages are prohibited on Library premises.

Any objections to this policy, or the manner in which it is implemented, may be appealed to the Seaford Public Library Board of Trustees at a regular Board Meeting.

Approved _____

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APPLICATION FOR USE

Name of Organization: _____

Name of Contact Person: _____

Address: _____

Email address: _____

Telephone Number: _____

Cell Number _____

Date of Application: _____

Date of Meeting: _____

Approx. Number Attending _____
(Maximum Occupancy - 75)

Time of Meeting: _____

Will refreshments be served: Yes _____

No _____

Will projector be needed: Yes _____

No _____

Name and telephone number of person doing projection: _____

Purpose of meeting: _____

After 9 pm Fee: Yes _____

No _____

Contact Person has read and agrees to the Policy for Use of the Valentine Meehan Community Meeting Room.

Signature

Date

Please attach copies of any literature that will be distributed, and/or summary of films and slide presentations.

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CONFIRMATION FORM

Group Name: _____

Meeting Date: _____ Meeting Time: _____

Contact Person: _____ has read and agrees to the Policy for Use and is responsible for the set-up and break down of the room.

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