

**Pennsauken Free Public Library**

5605 N. Crescent Blvd.  
Pennsauken, NJ 08110  
(856) 665-5959 ext. 116  
(856) 486-0142 (Fax)  
[events@pennsaukenlibrary.org](mailto:events@pennsaukenlibrary.org)

***This Section For Library Use Only***

Date & Time of Event(s):

AV Needs:

Date Submitted:

Date Approved:

**Rendle S. Willgoos Community Room  
APPLICATION FOR USE**

**Name of Responsible Party Requesting Use:** \_\_\_\_\_

**Library card #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Organization name:** \_\_\_\_\_

**Type of organization:** Library Related \_\_\_ Educational \_\_\_ Cultural \_\_\_ Recreational \_\_\_

Civic \_\_\_ Other (please specify): \_\_\_\_\_

**Specific nature of meeting/event & activities to be conducted:**

Date(s) Requested:


**Are the dates listed above:** potential dates for a single event? \_\_\_ , multiple dates for a single event? \_\_\_\_, or multiple dates for multiple meetings? \_\_\_\_\_

**Setup Time:** \_\_\_ **Meeting Time:** \_\_\_ **Break Down Time:** \_\_\_ **Total Time Needed:** \_\_\_

**Other time considerations:** \_\_\_\_\_

**Anticipated attendance:** \_\_\_\_\_ (Total room capacity is 99 seated and standing)

**Are you requesting to use the full room?** \_\_\_\_\_

**Requesting Side A only** (with kitchenette access): \_\_\_\_\_

**Requesting Side B only** (with projector and AV access): \_\_\_\_\_

**No preference of side:** \_\_\_\_\_

**Equipment needs:**

Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Projector \_\_\_\_\_ DVD player \_\_\_\_\_ Laptop hookup \_\_\_\_\_

Microphone (cordless) \_\_\_\_\_ Hearing-Impaired Headsets \_\_\_\_\_

(If requesting use of the projector, the Program and Outreach Coordinator will be in touch to schedule a technology compatibility test).

**Do you plan to offer refreshments?** Yes \_\_\_\_\_ No \_\_\_\_\_

(All refreshments are to be furnished by the meeting organizers and may include hot and cold beverages and snacks)

**Requesting use of kitchen facilities:** Yes \_\_\_\_\_ No \_\_\_\_\_

In the name of the organization, \_\_\_\_\_,  
I am applying for the use of the *Rendle S. Willgoos Community Room* in the Pennsauken Free Public Library. **I acknowledge that due to scheduling conflicts, it may be necessary to meet in only one half of the Community Room. I have read the Community Room Policy and agree to comply with all regulations, including but not limited to the policy requiring that meetings be open to the public at all times.**

Signature of Resident/Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Reservation: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ OR \_\_\_\_\_  
Tanya Finney Estrada, Library Director Director's Designee

**Return completed application to the Library Director or their designee.**

**PLEASE KEEP COMMUNITY ROOM POLICY FOR YOUR RECORDS.**

FORM REVISED and APPROVED BY THE BOARD OF TRUSTEES (4/26/2021)

I certify that I am an officer of the above named group, a Library cardholder in good standing, and that I have the authority to reserve the Community Room. The above statements are true to the best of my knowledge and belief.

I hereby agree that, as the resident-applicant, I will be responsible for any damage caused during the meeting to the library premises, furniture or equipment because of the use of said premises by the above organization, and agree to pay for (or arrange for payment of) said damages as assessed by the Library Board of Trustees.

I have read and agree to abide by and uphold all rules and policies of the Township of Pennsauken Free Public Library governing the use of the library, premises or equipment, including regulations prohibiting charging an entrance fee, soliciting donations, or limiting attendance.

I also agree to protect, save and keep the Township of Pennsauken Free Public Library, the Board of Trustees, the Township of Pennsauken, the Library Director, their agents, and employees forever free and harmless and indemnified against and from any and all loss, cost, or expense arising out of or from any accident or other occurrence causing injury to any person or property whomsoever or whatsoever as a result of the use of the above premises. If the group holds a Certificate of Insurability, please include the Pennsauken Free Public Library on said document and attach to this Application Form for approval. The non-profit group will be required to include an updated 'Certificate' for the life of its policy (presumably every 12 months) for continued Community Room eligibility.

I agree to notify the Director twenty-four (24) hours in advance of any cancellation and understand that repeated cancellations may cause forfeiture of the use of the Community Room.

I further understand that, if I have **requested the use of the kitchen** within the Community Room, a Library staff member will inspect the kitchen before and after use. I am responsible for all necessary serving and clean-up supplies. In addition, I am responsible for clean-up of the kitchen and any damages that may occur as a result of its use by anyone attending the meeting.

Name of Resident/Applicant: \_\_\_\_\_

Signature of Resident/Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## **Pennsauken Free Public Library Community Room Use Expectations Form**

By scheduling an event or meeting in the Community Room, you agree to the following requirements. The requirements below apply to all persons aged 2 or above entering the library.

- Any person who has tested positive for COVID-19 must not attend any event at the library
- Any person planning to attend your event must not display [COVID-19 symptoms](#) such as a fever and chills, coughing, shortness of breath, or body aches
- All attendees ages 2 and up must wear masks covering the nose and mouth, *regardless of vaccination status*
- All attendees must adhere to social distance spacing of 6 feet between each person
- Maximum number of attendees in the Community Room is 20 persons *total, including event organizers*. Maximum capacity for each half of the Community Room is 10 persons *total, including event organizers*
- If any event participant experiences any of the symptoms of COVID-19 within the next 14 days *after* attending the event, they agree to notify the Library Director immediately. Please notify by email at [director@pennsaukenlibrary.org](mailto:director@pennsaukenlibrary.org) or by phone at 856.665.5959 ext. 5

Regarding food and beverages in the Community Room, Your group may offer food and beverages to meeting/program attendees so long as you adhere to the following requirements:

- Your group must book the entire room for ease of physical spacing between attendees while eating or drinking
- When eating/drinking, double the physical spacing between attendees
- We recommend the use of pre-packaged snacks and beverages
- Potluck/family-style food and drink are acceptable, exclusively within the Community Room
- All attendees must wear masks covering the nose and mouth except when eating/drinking -- please put masks back on once the meal is over
- Make sure to wear masks when exiting the Community Room to visit any other part of the library
- We recommend that you bring your own hand sanitizer and/or wash hands in the sinks in the kitchenette or restroom
- The event organizer should furnish extra masks for anyone who needs one after eating

For program/event organizers: Please designate an alternate host in the event that the meeting/event lead organizer is symptomatic or tests positive for COVID-19. If both the original and alternate host is symptomatic, tests positive, or is in close contact with anyone else who has tested positive for COVID-19 within the last 14 days, we will make every reasonable effort to reschedule the meeting or event.

Event Organizer Signature: \_\_\_\_\_

Event Organizer Name (Print): \_\_\_\_\_

Library Director (or Director's Designee) Signature: \_\_\_\_\_

Library Director (or Director's Designee) (Print): \_\_\_\_\_