

PROGRAMMING APPLICATION



This is only an application for approval. Filling out this form does not guarantee your program has been approved

Contact Information

Full Name :

Full Address :

E-Mail : Phone :

Program Information

What is the title of your program? :

Who is your target audience? :

What is the main purpose of your program? :

Have you conducted your workshop in a library setting before or another location? If yes, where? :

Do you require a stipend for your presentation or do you require compensation for resources and materials? If yes, please provide an itemized list here:

What are your preferred time and dates for your presentation? Please note we tend to book several months out.

1st preference :

2nd preference :

3rd preference :

Please keep in mind that all presentations must end 15 minutes prior to closing.

Do you have insurance for your program? (This is required for physical activities)

Please attach a resume or CV that details your credentials in the topic you are presenting. ***(This is mandatory for any presentation dealing with health, legal or financial topics)***

This section is reserved for Mt. Olive Staff Only

Approved:

Program Not Approved:

If not approved, please state reason here / any comments in general:

Name of staff member :

Date of application :