MOUNT OLIVE LIBRARY

PROGRAMMING APPLICATION

MOUNT OLIVE
PUBLIC LIBRARY

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 :