Bowdle Public Library Statement of Concern About Library Resources

Title:			_	
Author:			-	
Publisher:			-	
Request initiated by:				
Address:			-	
City:			-	
Phone:	Email:		_	
Request made on behalf of: Yourself Name of organization/group (if applicable):	An organization	Another Group		
1. Did you read/view the entire work?			_	
2. What brought the item to your attention?				
			_	
			-	
3. What is your objection? Please be specific. Cite pages if applicable.				
			_	
			-	
			_	
			_	
4. What is positive about the work?			_	
			-	
			_	

5. What do you feel might be the result of reading/viewing the material?		
6. For what library patrons would you recommend this work?		
7. What do you believe the theme of the work is?		
8. What resource(s) do you suggest to provide additional information or othe	r viewpoints on this topic?	
9. Action requested:Review by library director to determine if work fiOther action (explain):		
10. In its place, what would you recommend that would convey as valuable a		
SIGNATUREDATE _		

Bowdle Public Library Volunteer Waiver and Release Form

Volunteer Name:
Contact Email:
Address:
Phone:
Emergency Contact
Name:
Relationship to Volunteer:
Phone:
IF VOLUNTEER IS UNDER AGE 18:
Parent or Legal Guardian Name:
Parent Phone:
Have you ever been convicted of a felony or misdemeanor?
If yes, please describe

ART GIFT FORM

The Bowdle Public Library accepts the gi	ft of
The following criteria are agreed upon by	both parties:
	com parties.
The gift of	becomes the
property of the Bowdle Public Library. The the discretion of the Library Board and/or	
The Library will not be held liable in the	event the gift of
	is damaged or
disappears.	
Should the Library no longer be able to ho	ouse the gift, the donor designates as the alternative recipient.
Chair, Bowdle Public Library Board of Trustees	Date
Donor	Date