



**CAMPUS ORGANIZATION  
MANUAL  
2021 – 2022**

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Chipola College does not discriminate against any persons, employees, students, applicants or others affiliated with the college with regard to race, color, religion, ethnicity, national origin, age, veteran's status, disability, gender, genetic information, marital status, pregnancy or any other protected class under applicable federal and state laws, in any college program, activity or employment. Membership in campus organizations will not be denied to any student willing to subscribe to the stated aims, obligations and rules of the organization's constitution and by-laws.

Title IX of the Education Amendments of 1972 (20 U.S.C. ss1681) is an all-encompassing federal law that prohibits discrimination based on the sex of students, employees, and third parties when appropriate, of educational institutions, which receive federal financial assistance. Sexual harassment of students, which includes acts of sexual violence, is a form of sex discrimination prohibited by Title IX. Chipola College complies with all aspects of this and other federal and state laws regarding non-discrimination.

**CHIPOLA COLLEGE  
STUDENT ACTIVITIES DEPARTMENT**

**M E M O R A N D U M**

**TO:** All Advisors of Campus Organizations

**FROM:** Nancy Johnson  
Student Activities Coordinator

**SUBJECT:** Campus Organization Manual

**DATE:** August 30, 2021

**WELCOME BACK!!!** This is your copy of the 2021-22 Campus Organization Manual. The manual is now online only. **Please use this copy only!**

The Advisors Policy Statement on page 5 and the Activities Fund Contract on page 24 must be completed and returned to me asap, for your organization to be officially recognized as a campus organization this year. I will also need you to complete the Official Registration Form on page 17 and return to me at the beginning of the fall semester. In addition, please find the Student Activity Request Form on page 22. This form must be completed and returned to me at least 15 business days prior to all events planned by campus organizations.

Thank you so much for your support of our students. They are certainly worth it!! If you have any questions, or if I may be of service to you, please call.

## **STUDENT SUPPORT PERSONNEL**

Associate Vice President of Student Affairs.....	Bonnie Smith
Department Associate-Student Affairs .....	Kim Collins
Disability Services Coordinator/Student Advisor.....	Leigh Ellen Whittington
Dual Enrollment/Student Advisor.....	Karen Hall
Student Activities/SGA Coordinator/Recruitment .....	Nancy Johnson
Veterans Affairs/Student Advisor.....	Ken Kallies
Director of Enrollment Services .....	Shannon Mercer
College Registrar .....	Ashley Harvey
Testing Center Coordinator.....	Karen Bradley
Director of Financial Aid.....	Beverly Hambright
Director of Student Support Services .....	Kristie Mosley
Department Associate-Student Support Services .....	Sarieta Bryant
Student Support Services/Trio Advisor .....	TBA
Director of Academic Center for Excellence (ACE) .....	Allyson Howell
Director of Foundation.....	Julie Fuqua

## **STUDENT ACTIVITIES**

Student Activities/SGA Coordinator .....	Nancy Johnson
Assistant.....	Georgia Cloud
Pool Manager & Intramural Sports.....	Rance Massengill
Student Government President .....	TBA

The SGA Office is located in the Cafeteria/Student Center  
(Bldg. K), room 105.

## CHIPOLA COLLEGE CAMPUS ORGANIZATIONS - 2021-2022

<b>ORGANIZATION</b>	<b>ADVISOR</b>
Baptist Collegiate Ministry (BCM) .....	Darwin Gilmore
Black Student Union (BSU) .....	Dr. Willie Spires
Brain Bowl.....	Stan Young
Chipola Players.....	Raines Carr
Cheerleaders .....	
Fellowship of Christian Athletes (FCA).....	Darwin Gilmore
Freshmen Student Nurses Association .....	Nursing Faculty
Future Educators.....	Casey Bush Dowgill
Honors Program.....	Allyson Howell & Bonnie Smith
International Student Association.....	Mackenzie Johnson
Mu Alpha Theta.....	Stephanie Ward
Phi Beta Lambda.....	Glenda Bethel
Phi Theta Kappa .....	Charity Sikora
Pre-Med Society .....	Bonnie Smith
Spanish Culture Association.....	Dr. Mark Ebel
Student Scientists Association .....	Dr. Jeff Bodart
Show Choir.....	Angie White
SkillsUSA .....	Workforce Faculty
Sophomore Student Nurses Association.....	Nursing Faculty
Student Ambassadors.....	Nancy Johnson
Student Government Association (SGA) .....	Nancy Johnson
TRiO Society .....	Kristie Mosley

## ADVISORS POLICY STATEMENT

All campus organizations must have an advisor who is a full-time Chipola employee and be approved by the President of the College.

The role of the organization's advisor is a most important one. It is imperative that the advisor attend meetings regularly, express his/her views, work with members of the group to develop an efficient and effective organization and ensure that college policies and procedures are followed. The advisor must be both accessible and interested and must provide whatever counsel or advice the group and its officers might seek from them. The advisor should:

- A. Familiarize themselves with the Campus Organization Manual and follow its policies and procedures. Also ensuring that the members of the student organization follow the policies and procedures of the Campus Organization Manual.
- B. Approve the place and display of all literature, promotional materials and publicity before the organization posts it. This also includes material posted on social media/internet.
- C. Help make plans far enough in advance to avoid any difficulties in carrying out activities.
- D. Supervise all meetings, activities and events of the organization held on campus and apply for approval of such activities by completing and returning the student activity form to the Student Activities Office at least 15 business days prior to any activity.
- E. Oversee the finances of the organization.
- F. Work with the officers of the organization to promote efficient and effective administration of the organization.
- G. Consult with the Student Activities Office when questions or problems regarding the organization arise.
- H. Help the officers get chaperones for events. All activities sponsored by an organization must have chaperones in attendance. Security must be arranged in advance by contacting the Physical Plant. Chipola students must show CC identification to attend college-sponsored activities.**
- I. Help the officers of the organization enforce the college policy which dictates that the possession or the consumption of alcoholic beverages and narcotics at all student functions on/off campus is strictly prohibited. All members of the organization, the advisor, and chaperones attending the function share this responsibility.**
- J. Remind students that they are directly responsible for their conduct at college functions and should problems arise during the event, the student should inform the advisor immediately.
- K. Appoint a representative from the organization to attend SGA meetings – as needed.

**I agree to comply with the aforementioned responsibilities.**

\_\_\_\_\_  
**Advisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Organization**

## **RESPONSIBILITIES FOR ADVISORS**

1. To advise, counsel and serve as a resource person to the organization.
2. To assist the organization in achieving its stated objectives.
3. To be familiar with the Chipola College policies and regulations and with the constitution of the organization.
4. To assist officers and members in becoming acquainted with the Chipola College policies and regulations and with the constitution of the organization.
5. To be present at all scheduled meetings, social events and activities.
6. To assist in the planning of the organization's functions and activities.
7. Approve of the place and display of all literature, promotional materials and publicity before the organization posts it. This also includes material posted on social media/internet.
8. To be aware, at all times, of the financial status of the organization. This includes:
  - A. Formulating the annual budget as well as all activities.
  - B. Assisting the treasurer in proper accounting procedures.
9. To contact the Student Activities Office with any questions or problems concerning their organization.
10. To attend advisors' meetings when called.
11. To encourage the organization to act and plan activities in the best interest of the college and to maintain good relations with all other organizations on campus.
12. Appoint a representative from the organization to attend SGA meetings – as needed.

## GUIDELINES FOR CAMPUS ORGANIZATIONS

Student Activities are regarded as an essential element in the total educational program at CC in that they contribute to the academic, recreational, and cultural climate of the college. For this reason the college reserves the right to charter all organizations and require them to adhere to the following guidelines. (All necessary forms are included in this manual.)

1. Complete and return the Official Registration form to the Student Activities Office by the announced deadline. This form must be completed annually for the Organization to be officially recognized.
2. Abide by the meeting time assigned by the Organization's Advisor. Special meetings will need the approval of the Organization's Advisor, in advance.
3. Submit the Activity Request Form to the Student Activities Office for all projects, functions, and activities at least 15 business days prior to any activity.
4. Turn in a Facility Request Form to the Physical Plant to reserve school facilities at least two weeks prior to the proposed date. The Associate Vice President of Student Affairs must sign these forms before they are sent to the Physical Plant.
5. Appoint a representative from the organization to attend SGA meetings - as needed.
6. Remind the organization that engaging in illegal activities on or off campus may cause sanctions to be imposed against the organization. These sanctions may include withdrawal of institutional recognition.
7. Membership in campus organizations will not be denied to any student willing to subscribe to the stated aims, obligations and rules of the organization's constitution and by-laws.
8. **Request approval by the Organization Advisor or Student Activities Office for all publicity and promotional materials (social media/internet, signs, posters, decorations, etc.) before posting of these materials. Any notice posted without approval will be removed. Approval shall be withheld in the event that the notice was either:**
  - A. profane or obscene,
  - B. liable to incite violence or disruption,
  - C. in violation of the law,
  - D. derogatory to any person, group, or institution.
  - E. completely unrelated to the activities and students of Chipola College.

Approval is given with the understanding that notices must not be taped on a painted surface and that all material will be removed immediately following its usefulness. Organizations abusing these stipulations will not be allowed to use campus space for publicity.



9. Recognize that each organization is entitled to receive \$375.00 per semester toward legitimate expenses. To be eligible to receive the funds each organization advisor must sign the Activities Fund Contract (page 24). To request funds, the organization advisor must complete the Activities Fund Request Form (page 23) one week in advance. If an organization uses funds but is not in compliance with the Activities Fund Contract, the organization will be required to repay the total amount of expended funds to the college.
10. Consult the Student Activities Coordinator to assist you in handling suggestions, questions, or complaints.
11. Follow all other campus regulations concerning the student body.

## HINTS FOR A SUCCESSFUL ORGANIZATION

1. Establish a real purpose and a meaningful program, understood by all members.
2. Establish goals in writing, both short term and long range.
3. Have well-planned meetings and written agendas.
4. Increase participation by urging expression of opinions and delegating responsibility.
5. Develop enthusiastic leadership; it is essential and sets the tone.
6. Use the experience and knowledge of your advisor.
7. Be consistent with your activities.
8. Evaluate your meetings and your organization.
9. **BE POSITIVE IN YOUR THOUGHTS AND WORDS!!**
10. Be aware of the activities of other organizations.

## **RESPONSIBILITIES FOR STUDENTS**

1. Meetings should be planned at a time when the advisor is able to attend.
2. Before scheduling special meetings or social functions and activities, check all dates with the advisor.
3. Officers must keep the advisor fully informed of the program and activities of the organization.
4. Ask the advisor for approval of the place and display of all literature, promotional materials and publicity before the organization posts it. This also includes material posted on social media/internet.
5. Ask the advisor for his/her opinion and advice when problems arise in the organization.
6. The president should set a time for meeting regularly with the advisor.
7. Proper courtesy should be extended, at all times, to the advisor.

## **SUGGESTED LEADER FUNCTIONS**

Suggestions of successful leadership may be divided into categories as follows:

### **RELATING**

1. Knows members of group as individuals
2. Gives members the feeling that they count
3. Allows each individual to achieve status according to his or her ability
4. Shares leadership functions
5. Displays confidence in ability of group

### **REGULATING**

1. Encourages group to formulate its own goals and to periodically re-define those goals
2. Sets pace by making use of time and encouraging effort and achievement
3. Attends to agenda, providing continuity to meetings
4. Promotes fair division of responsibility among group members
5. Brings group back to the topic
6. Makes summary from time to time
7. Effects transition to new phase
8. Terminates meeting at appropriate time
9. Knows how to run meetings in an orderly manner
10. Develops leadership ability within group

### **INFORMING**

1. Acts as resource to group, giving information, opinion and data
2. Draws out opinions, feelings and information from group

## **INFORMING, (CONT.)**

3. Encourages members to think and speak, allowing all points of view to be expressed
4. Provides for continuous clarification of questions and comments
5. Suggests new ideas or areas to be explored and means of investigation
6. Sees that pertinent questions are asked

## **SUPPORTING**

1. Responds to all serious contributions
2. Reinforces good ideas with appropriate grace and recognition
3. Incorporates individual contributions into group
4. Promotes harmony between points of view and people in group
5. Helps to remove tension
6. Is fair in handling all questions
7. Voices group feeling and accepts group decision
8. Accepts responsibility for mistakes

## **EVALUATING**

1. Encourages the development of an objective attitude within the group
2. Tries to determine relevance of individual contributions
3. Tests feasibility and practicability of an idea or proposal
4. Phrases questions for a vote and takes vote or tests consensus
5. Interprets policy and rules
6. Makes decisions, when called for, on the basis of group precedent or policy

## SUGGESTED GOAL PLANNING

It is critical for all groups to have clearly defined goals or objectives. The entire group membership should be actively involved in establishing these goals. This helps to build a feeling of “group” identity. In addition, specific means or actions should be developed to insure that the goals are implemented. This approach should be used by the group leader.

- A. Have the members individually brainstorm goals for the organization in written form.
- B. Form sub-groups for the purpose of sharing individual written goals. It is best to form sub-groups of individuals who are not well acquainted with one another. Have each person read his/her goal statement and encourage each sub-group to openly discuss the goals that are presented by its members.
- C. Follow the sub-group sharing sessions with an open discussion of the entire group. All goals from the group should be recorded on paper or a board prior to the discussion of any one goal.
- D. Develop the entire goal list and then open the discussion; attempt to lead the group toward consensus on goals they feel are most important to the organization.
- E. Establish a rough priority of the goals and begin work on means or actions for implementation. Goals should be general in nature and means should be the specific actions that will be taken in order to reach the goals.
- F. Record the specific goals and means that have been developed, and assist the group in specific plans for implementing the means. A task management procedure should be used at this point.
- G. Print and distribute the goals and means to all members of the organization and to other individuals and groups that interact with the organization.
- H. Review the goals and means on a regular basis reviewed as part of the evaluation process. Modifications should be made as necessary.

## PARLIAMENTARY LAW

**Note: You do not have to use Parliamentary Law in the organization's meetings, this is just for your information.**

Parliamentary Law is the code which controls procedures in deliberative assemblies, assisting an assembly in carrying out its purposes. On a more personal plane, Parliamentary Law is the code of ethics of working together. Parliamentary Law is based upon five principles:

1. All members have equal rights, privileges, and obligations.
2. Only one subject may be discussed at a time.
3. Every proposition presented is entitled to full and free discussion.
4. The rights of the minority must be protected.
5. The will of the majority must rule.

There are other principles which also influence parliamentary procedure and conduct:

1. Each member of the assembly shall abide by the rules of courteous conduct.
2. The intent of the group must be determined.
3. Those to whom power is delegated must be chosen by democratic process.
4. Every member has the right to know at all times what questions are before the assembly and what its effect will be.
5. Motions have a definite and logical order of procedure.
6. The simplest and most direct procedure for accomplishing a purpose should be followed.
7. Parliamentary rules exist to facilitate the transaction of business and to promote cooperation and harmony.
8. The chairperson must always maintain the necessary position of impartiality.

Recognition of these 13 principles will show the cause of the various rules established and be known collectively as Parliamentary Law. The practice of following accepted parliamentary procedure is a direct result of the establishment of exact knowledge of parliamentary law.

## GENERAL ORDER OF BUSINESS

The practical application of the principles of Parliamentary Law follows a well-established pattern which should be applied to all general meetings. There is a general order in which business is discussed. There is a method of introducing and discussing business; and there are established ways in which business may be determined. Under common usage, the general order of business includes:

- |  |                          |
|--|--------------------------|
| 1. Call to Order                                       | 6. Reports of Officers   |
| 2. Invocation  | 7. Reports of Committees |
| 3. Roll Call   | 8. Unfinished Business   |
| 4. Reading and Approval of Minutes of Previous Meeting | 9. New Business          |
| 5. Communications                                      | 10. Announcements        |
|  | 11. Adjournment          |

It is necessary that a quorum be present at a meeting of an organization before it can legally transact business. The number constituting a quorum generally is specified in the constitution or bylaws of the organization. In the absence of such specification, a quorum consists of a majority of the members.

## **INTRODUCTION OF BUSINESS**

Business may be introduced by motion, resolution or report; and no debate is in order until such a proposition is pending. A member obtains the floor by rising and addressing the presiding officer, who recognizes him by announcing his name. The member makes his motion, it is seconded by another, the chair states the question by repeating the motion and then it is open to debate and amendment.

A motion should be stated in the form “I move that...” followed by a statement of the proposal which the member wishes to bring before the assembly. This is the only correct phraseology for proposing a motion. The form “I move you” or “I make a motion” or, after discussion, “I so move” is incorrect. Statements beginning “I propose” or “I suggest” should not be recognized as motions. Aside from occasional, brief explanatory remarks, no discussion is permissible when a motion is being presented. Many organizations require that the motion be written before it is presented, as an aid to accuracy and the expedition of business.

## **DISCUSSION OF BUSINESS**

The object of deliberative bodies is to formulate actions. For these actions to be effective, it is necessary to reach the mature judgment and decision of the group by means of free interchange of thought through discussion. This interchange of views must be such that it will enable the members of an assembly to arrive at an intelligent understanding of the proposition under consideration before disposing of it.

When a speaker is granted the floor, it is for the purpose of discussing the pending question. If a speaker digresses from the subject, it is the duty of the presiding officer to request that the speaker keep his discussion relevant. Discussion should be clear and concise. The speaker is not talking for pleasure or entertainment, but to assist the assembly in arriving at a conclusion on the question under discussion. A member should be courteous, both when speaking and when another is speaking. Objectionable language should not be used, and any member may rise to point of order when the rules of decorum are abused.



## **DISPOSAL OF A QUESTION**

Debate and deliberation on debatable motions should not be prematurely cut off or prevented. This is an infringement on the basic rights of members. However, all questions must come to an end. When it appears to the chairman that all debate has been offered, he should inquire of the assembly, "Is there any further discussion?" "Are you ready for the question?" The proper response to these queries is not to call "Question!" but to remain silent unless one wishes to discuss the motion. If the queries are unanswered, the chairman should put the question to a vote.

The most fundamental rule governing voting is that at least a majority vote is required to take action. Until a majority has spoken, nothing is to be changed. There are many ways in which a majority may be defined: Because of this diversity of definitions, a majority should be defined in the bylaws; however, in the absence of such provision, common laws specify that a majority is the majority of legal votes cast.

# OFFICIAL REGISTRATION FORM FOR STUDENT ORGANIZATIONS

*(Submit form to the Student Activities Office)*

This form must be completed and turned in to the Student Government office at the beginning of the Fall Semester in order to function as an official student organization at Chipola.

1. NAME OF ORGANIZATION: \_\_\_\_\_

2. TYPE OF ORGANIZATION: \_\_\_\_\_

ACADEMIC    HONORARY    RELIGIOUS    SERVICE    SUPPORT ORGANIZATION

3. ADVISOR OF ORGANIZATION: \_\_\_\_\_

4. ADVISOR'S HOME ADDRESS AND TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

MEMBERS HOLDING OFFICE FOR THE _____ SCHOOL YEAR:			
<i>(PLEASE TYPE OR PRINT)</i>			
OFFICE HELD	NAME	ADDRESS	PHONE

We agree to the best of our ability to follow the guidelines for campus organizations contained in the Campus Organization Manual.

\_\_\_\_\_  
SIGNATURE OF ORGANIZATION PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ORGANIZATION ADVISOR

\_\_\_\_\_  
DATE

## PROCEDURE FOR ESTABLISHING A NEW ORGANIZATION

A group of students shall become an organization when formally recognized by the college. In order to be recognized, a group must meet the following requirements:

1. Obtain an advisor who is a full-time Chipola employee and be approved by the President of the College.
2. Submit a written formal constitution to the Student Activities Office, which in turn will be submitted to the Student Government Association. This constitution will consist of:
  - A. Name of the organization
  - B. Purpose of the organization
  - C. Means of determining membership
  - D. Method by which the organization will be governed (officers, elections, terms of office, etc.)
  - E. Functioning procedures and methods by which decisions will be made.
  - F. Anti-hazing statement
  - G. Student conduct statement
  - H. Source of revenue
4. After the constitution has been submitted to the Student Government Association and approved, it is then subject to review by the Executive Council of the college.
5. The decision of the Executive Council shall in turn be presented to the President. (If at any point the request is denied, the constitution may be revised and the process repeated.)
6. Upon recognition of an organization, Chipola College desires it to be known that said recognition infers neither approval or disapproval of the aims, objectives, and policies of the organization.
7. Any organization which engages in illegal activities, on or off campus, may have sanctions imposed against it, including withdrawal of institutional recognition. This organization may reapply for a charter after a period of one year.
8. Membership in all institution-related organizations, within the limits of their facilities, shall be open to any member of the institutional community who is willing to subscribe to the stated aims and meet the stated obligations and rules of the organization's constitution and by-laws.

# REQUEST FOR ESTABLISHING A NEW ORGANIZATION

(Submit to: The Student Government Association)

DATE \_\_\_\_\_

1. NAME OF ORGANIZATION: \_\_\_\_\_

2. TYPE OF ORGANIZATION: \_\_\_\_\_

Academic  Honorary  Religious  Service  Support Organization

3. DESCRIBE HOW YOUR ORGANIZATION WILL SUPPORT THE MISSION OF THE COLLEGE. (The mission statement can be found in the college catalog or the student handbook/planner): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. STATE PURPOSE OF ORGANIZATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. ORGANIZATION'S ADVISOR(S): \_\_\_\_\_  
\_\_\_\_\_

6. POTENTIAL MEMBERS: (PLEASE LIST EXACTLY 15 POTENTIAL MEMBERS.)  
(Please Print or Type your selections.)

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ |
| 2. _____ | 7. _____  | 12. _____ |
| 3. _____ | 8. _____  | 13. _____ |
| 4. _____ | 9. _____  | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

*Please attach a written formal constitution that may be presented to the Student Government Association.*

APPLICATION SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## ACTION TAKEN BY STUDENT GOVERNMENT ASSOCIATION:

APPROVED

DISAPPROVED

SGA PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

## ACTION TAKEN BY EXECUTIVE COUNCIL:

APPROVED

DISAPPROVED

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FINAL ACTION BY CHIPOLA COLLEGE PRESIDENT:

APPROVED

DISAPPROVED

PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

## **PROCEDURE FOR REINSTATING AN ORGANIZATION**

If a previously active organization has been inactive for a period of one (1) year and wishes to become active again, the following procedures are required:

1. If the organization has been inactive because of a lack of membership or lack of an advisor, etc.:
  - A. Submit a constitution and a reinstatement form to the Student Government Association.
  - B. Request for reinstatement must be approved by a majority vote in the Student Government Association.
  
2. If the organization was disbanded because of an Administrative Order:
  - A. Submit a “Review of the Facts” that caused the organization to disband and a reinstatement form to the President of the College.
  - B. Approval for reinstatement, if granted by the President, will include forwarding of the request and all forms to the Student Government Association and the Associate Vice President of Student Affairs.
  - C. Approval for reinstatement must be by a majority vote of the Student Government Association.

# REQUEST FOR REINSTATING AN ORGANIZATION

(Submit to: The Student Government Association)

DATE \_\_\_\_\_

1. NAME OF ORGANIZATION: \_\_\_\_\_

2. TYPE OF ORGANIZATION: \_\_\_\_\_

Academic  Honorary  Religious  Service  Support Organization

3. DESCRIBE HOW YOUR ORGANIZATION WILL SUPPORT THE MISSION OF THE COLLEGE. (The mission statement can be found in the college catalog or the student handbook/planner): \_\_\_\_\_

\_\_\_\_\_

4. STATE PURPOSE OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

5. ORGANIZATION'S ADVISOR(S): \_\_\_\_\_

\_\_\_\_\_

6. POTENTIAL MEMBERS: (PLEASE LIST EXACTLY 15 POTENTIAL MEMBERS.)  
(Please Print or Type your selections.)

1. \_\_\_\_\_ 6. \_\_\_\_\_ 11. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_ 12. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_ 13. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_ 14. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_ 15. \_\_\_\_\_

*Please attach a written formal constitution that may be presented to the Student Government Association.*

APPLICATION SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## ACTION TAKEN BY STUDENT GOVERNMENT ASSOCIATION:

APPROVED

DISAPPROVED

SGA PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

## ACTION TAKEN BY EXECUTIVE COUNCIL:

APPROVED

DISAPPROVED

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FINAL ACTION BY CHIPOLA COLLEGE PRESIDENT:

APPROVED

DISAPPROVED

PRESIDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

## STUDENT ACTIVITY REQUEST FORM

This form must be completed and turned in to the Student Activities Office for approval **at least 15 business days** prior to any activity sponsored by a student organization. If a college facility is to be used, a Facility Use Request must be completed by the specified deadlines.

**EXPECTED STUDENT BEHAVIOR:** Students representing Chipola College at on/off-campus activities such as sporting events, contests, conferences, etc., shall conduct themselves in such a manner so as not to bring discredit to the college. Reports of unacceptable conduct at such affairs shall be investigated and may result in disciplinary action. All rules and regulations outlined in the Student Rights and Responsibilities must be followed in addition to these established guidelines:

1. Obey advisor(s) at all times.
2. Do not leave the hotel and/or conference site without advisor's permission.
3. Attend all required meetings unless the sponsor allows otherwise.
4. Remember that possession, sale, or consumption of alcoholic beverages on campus, or at off-campus college-sponsored activities is prohibited. Students found to be in violation of this college policy (BOT Policies 3.370 and 4.280) will be subject to penalties under the provisions of the Disciplinary Procedures as outlined in the Student Rights & Responsibilities, Code of Conduct.
5. Follow all house rules of the hotel and/or conference site.
6. Represent him/herself and Chipola in a favorable manner.

NAME OF SPONSORING ORGANIZATION: \_\_\_\_\_

ACTIVITY: \_\_\_\_\_

DATE, LOCATION & TIME: \_\_\_\_\_

PURPOSE OF ACTIVITY: \_\_\_\_\_

EQUIPMENT TO BE USED: \_\_\_\_\_

IF TICKETS, SERVICES, OR MERCHANDISE ARE SOLD, PLEASE STATE ITEM AND PRICE.

\_\_\_\_\_

WHAT IS MONEY USED FOR? \_\_\_\_\_

ARRANGEMENTS FOR CLEAN UP AFTER ACTIVITY:

\_\_\_\_\_

SIGNATURES OF THREE CHAPERONS:

SIGNATURE(S) OF ORGANIZATION ADVISOR:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED

DISAPPROVED

\_\_\_\_\_  
STUDENT ACTIVITIES COORDINATOR

\_\_\_\_\_  
DATE

**ACTIVITIES FUND REQUEST FORM  
STUDENT ACTIVITIES OFFICE**

**PLEASE ATTACH THIS FORM TO COMPLETED PURCHASE ORDER OR CHECK REQUEST.**

Date \_\_\_\_\_

Name of Organization Requesting Funds \_\_\_\_\_

Amount Requested      \$

Advisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Student Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose \_\_\_\_\_  
\_\_\_\_\_

It is hereby agreed that the aforementioned organization should participate in the following campus activities (if scheduled) to be eligible for Student Activities Funds: Fall Festival, Homecoming Week, Spring Frolics and SGA meetings – as needed.

\_\_\_\_\_  
Advisor Signature

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DISAPPROVED</b>
_____ <b>Student Activities Coordinator</b>	_____ <b>Date</b>



## ACTIVITIES FUND CONTRACT

Each organization is entitled to receive a maximum of \$375.00 per semester toward legitimate expenses. Unused funds may accumulate over the course of the year, but will not roll over into the next fiscal year (July 1). To be eligible to receive funds, this form must be completed at the beginning of the Fall Semester and the organization should participate in the following activities:

\*Student Organization Day – Display Table (manned) – September 8, 2021 – Bldg. Z (optional)

\*Fall Festival – September 30, 2021 – Cafeteria Lawn

\*Homecoming Week – January 31 - February 5, 2022

Introduction of Homecoming Candidates – January 26, 2022 - Cafeteria

\*Spring Frolics – TBA

\*Have a representative attend SGA meetings to give an activity report - as needed

**Monday's, 1:30 p.m. – Cafeteria, Bldg. K, Room 105**

To request funds, the organization advisor must complete an Activities Fund Request Form (page 23) one week in advance. If an organization uses funds but is not in compliance with the Activities Fund Contract, the organization will be required to repay the total amount of expended funds to the college.

I, \_\_\_\_\_, as Advisor for \_\_\_\_\_ do hereby  
(Advisor name) (Organization)

agree to the requirements listed above for the use of Student Activities Funds.

\_\_\_\_\_  
(Signature) Organization Advisor

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature) Student Activities Coordinator

\_\_\_\_\_  
(Date)

**CHIPOLA COLLEGE**  
**AGREEMENT FOR OFF CAMPUS COLLEGE ACTIVITY**  
*(PLEASE PRINT)*

\_\_\_\_\_  
STUDENT / PARTICIPANT NAME

\_\_\_\_\_  
DEPARTMENT & COURSE

\_\_\_\_\_  
STUDENT ID NUMBER

\_\_\_\_\_  
DATE OF BIRTH

To Students and their Parents:

The two agreements below are designed primarily to protect our group members in the event that an emergency might require the immediate action parents would take if they were present and also, as a necessary precaution, to protect Chipola College from claims which might be made by members of the group and their parents.

In the years the college has been sponsoring off campus activities, incidents of the type covered by these agreements have been negligible. However, parents would not wish their sons or daughters to join a group under the auspices of an organization which disregarded even the remotest contingency.

We recommend that you read the provisions of this agreement carefully and if not fully understood, please consult with your attorney.

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**RELEASE**

As a student/participant of Chipola College, I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation in (specify the type of activity and duration)\_\_\_\_\_. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

\*\*\*\*\*

**FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:**

**I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**\*If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP\***  
**\*\*Wendy Pippen at 850-718-2269 or [pippenw@chipola.edu](mailto:pippenw@chipola.edu)\*\***

**CHIPOLA COLLEGE  
PERMISSION FOR EMERGENCY TREATMENT**

\_\_\_\_\_  
STUDENT / PARTICIPANT NAME

\_\_\_\_\_  
STUDENT ID NUMBER

I / We hereby authorize the appointed representative(s) of Chipola College to obtain and authorize medical treatment as is necessary to protect the well-being of myself/my child, including authorization for emergency treatment, anesthesia, and/or surgery as deemed necessary.

Further, I / We do hereby release and agree to hold harmless Chipola College and its representatives from any and all claims which may arise from said medical treatment.

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

\_\_\_\_\_  
DATE

**FOR STUDENTS / PARTICIPANTS UNDER THE AGE OF 18:**

I hereby certify that all of the above information given is true and accurate.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**NOTE:** On rare occasions an emergency requiring hospitalization, surgery, and/or other medical treatment develops. Since in some countries/states students under 18 years of age might not be administered an anesthetic or operated upon without the written consent of the parent or guardian, we request that the parent or guardian sign this document in order to prevent a dangerous delay in the administration of emergency medical attention.

**Emergency Medical Information:**

**Do you suffer from any of the following conditions:**

\_\_\_\_ Allergies    \_\_\_\_ Asthma    \_\_\_\_ Convulsions    \_\_\_\_ Heart Trouble  
\_\_\_\_ Diabetes    \_\_\_\_ Fainting Spells    \_\_\_\_ Bleeding Disorders    \_\_\_\_ Other (list)

\_\_\_\_\_  
**Do you wear:**    \_\_\_\_ Contact Lens    \_\_\_\_ Dentures

**Are you currently taking any medications? (Please list)** \_\_\_\_\_  
\_\_\_\_\_

**\*If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP\***  
**\*\*Wendy Pippen at 850-718-2269 or [pippenw@chipola.edu](mailto:pippenw@chipola.edu)\*\***

**CHIPOLA COLLEGE  
EMERGENCY CONTACT INFORMATION**

**This document and its contents constitute a student record and are exempt from public records under 1002.22 and 1006.52, Florida Statutes. The contents of this document can only be disclosed in accordance with the Student's / Participant's and/or Parent's consent.**

\_\_\_\_\_  
STUDENT / PARTICIPANT NAME

\_\_\_\_\_  
STUDENT ID NUMBER

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I hereby certify that all of the above information given is true and accurate.

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

\_\_\_\_\_  
DATE

**FOR STUDENTS / PARTICIPANTS UNDER THE AGE OF 18:**

I hereby certify that all of the above information given is true and accurate.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**\*This information shall be only disclosed to a healthcare facility should the student / participant require medical services and is unable to personally convey the information to the medical service provider.**

**\*If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP\***

**\*\*Wendy Phippen at 850-718-2269 or [pippenw@chipola.edu](mailto:pippenw@chipola.edu)\*\***

**ASSUMPTION OF RISK FORM FOR OFF CAMPUS TRAVEL  
CHIPOLA COLLEGE  
STUDENT ACTIVITIES**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
*(Please Print Or Type)*

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CAMPUS ORGANIZATION TRAVELING WITH: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

**OFF CAMPUS TRAVEL RULES**

1. Obey advisor(s) at all times.
2. Do not leave the hotel and/or conference site without the advisor(s) permission.
3. Attend all required meetings unless the advisor(s) allow otherwise.
4. Remember that possession, sale, or consumption of alcoholic beverages on campus, or at off-campus college-sponsored activities is prohibited. Students found to be in violation of this college policy (BOT Policies 3.370 and 4.280) will be subject to penalties under the provisions of the Disciplinary Procedures as outlined in the Student Rights & Responsibilities, Code of Conduct.
5. Follow all house rules of the hotel and/or conference site.
6. Represent yourself and Chipola in a favorable manner.

I have read and understand fully the above rules pertaining to off campus travel, and agree to abide by these rules to the best of my ability. Furthermore, I understand that there are certain risks involved in traveling off campus and I am willing to assume responsibility for these risks. I also understand that I will be held responsible for any property damage on this trip that might result from my neglect or misuse.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADVISOR(S) SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*If accident/incident occurs, please contact the Associate Vice President of Human Resources ASAP\***  
**\*\*Wendy Pippen at 850-718-2269 or [pippenw@chipola.edu](mailto:pippenw@chipola.edu)\*\***



## Student Officially Excused for College Activities

College Activity \_\_\_\_\_

Activity begins \_\_\_\_\_  
Class Period and Date

Activity Ends \_\_\_\_\_  
Class Period and Date

*List names of students, last name first, in alphabetical order*

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____	16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____
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Sponsor's Approval		Date	
Immediate Supervisor		Date	
Associate VP, Student Services		Date	
VP, Instruction		Date	

- Directions:**
1. This form should be initiated electronically by the sponsor, approved by the sponsor's immediate supervisor or Department Dean and sent to the office of the Director of Student Services.
  2. The Director of Student Services will send it to the office of the Vice President of Instruction five days before the college activity takes place.
  3. The Vice President's office will e-mail the form to faculty and staff.



3094 Indian Circle  
Marianna, Fl. 32446-2053

# Facility Use Request

*Before filling out this form, check availability of facility with the Office of Facilities Coordinator (Extension 2254).*

**Send this request to the Office of Facilities Coordinator at least two weeks before activity date.**

## PART I: REQUEST

- 1. Name/Organization \_\_\_\_\_
- 2. Address \_\_\_\_\_
- 3. Facility to be Used \_\_\_\_\_
- 4. Purpose \_\_\_\_\_

5. Date of Use \_\_\_\_\_ 6. Time From \_\_\_\_\_ To \_\_\_\_\_

7. Describe Equipment/Setup Needed **(Be specific and comprehensive. Changes may not be made later.)**

<input type="checkbox"/> Computer	<input type="checkbox"/> Laptop	<input type="checkbox"/> Internet	<input type="checkbox"/> Sound	<input type="checkbox"/> Printer
<input type="checkbox"/> Wireless Access for Presenter	<input type="checkbox"/> Wireless Access for Attendees (how many)	<input type="checkbox"/> Microphone	<input type="checkbox"/> Projector	

**Each person or group using the above facility understands and agrees to the following conditions:**

- a. The college assumes no liability for any personal injuries or loss of property resulting from use of the facility.
- b. Any individual or group agrees to comply with all college rules and regulations.
- c. Any individual or group is responsible for any loss by theft or damage to college property.

- 8. Custodial services required  Yes  No
- 9. Contract attached (Not required of campus group covered by Chipola insurance)  Yes  Not Applicable
- 10. Signature of Requestor or Sponsor \_\_\_\_\_ 11. Date \_\_\_\_\_
- 12. Requestor may be contacted at Phone \_\_\_\_\_ Hours \_\_\_\_\_
- 13. If student organization, the signature of **Vice President of Student Affairs.** \_\_\_\_\_
- 14. Date \_\_\_\_\_

**Use of the facility is NOT CONFIRMED until requestor receives a return copy of this form with approvals checked off.**

## PART II: APPROVAL

- 1. Building Supervisor (If Applicable):  Approved  Disapproved\* \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_
- 2. Facilities Coordinator:  Approved  Disapproved\* \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_



## Independent Contractor Agreement (ICA)

*The undersigned hereby agrees to perform the following services for Chipola College.*

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The undersigned agrees to accept \$\_\_\_\_\_ in return for said services and acknowledges that the undersigned is not an employee of the College for purposes of providing these services and accordingly is not covered by college insurance, including worker's compensation and that the College will not withhold income tax or social security, but will report the amount of compensation to the Internal Revenue Service as required by law.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Independent Contractor

The services listed are required and the amount being recommended represents a standard or reasonable amount for such services.

Charge to:

Department # \_\_\_\_\_ GL Code \_\_\_\_\_

_____ Budget Head	_____ Date	_____ Vice President of Finance	_____ Date
_____ Dean/Vice President	_____ Date	_____ President	_____ Date





# College Vehicle Use Form

(Vehicles are reserved on a first-come, first-served basis)

## Part I - REQUEST - TO BE COMPLETED BY TRIP SPONSOR

1. Date of Request	_____		
2. Organization	_____		
3. Purpose of Trip	_____		
4. Destination	_____		
5. Departure Date	_____	6. Time	_____
7. Return Date	_____	8. Time	_____
9. Number to be transported	Students _____ College Employees _____ Other _____		
(Contact the office of Administrative Services if any riders fall into the "Other" category.)			
10.	<input type="checkbox"/> pre K-12 students (including dual-enrollment, athletic recruits etc.) <b>will</b> be transported.		
	<input type="checkbox"/> pre K-12 students <b>will not</b> be transported.		
<b>I understand that if pre K-12 students are transported that the driver <u>must</u> possess a Commercial Drivers License (CDL) with passenger (P) and student (S) endorsements regardless of the vehicle used.</b>			
11. Vehicle requested (Check One)			
	<input type="checkbox"/> Bus #1 White (35 plus driver) CDL Class A or B with P & S endorsements required.		
	<input type="checkbox"/> Bus #2 White (37 plus driver) CDL Class A or B with P & S endorsements required.		
	<input type="checkbox"/> Mini-Bus #4 (25 plus driver) CDL Class A, B or C with P & S endorsements required.		
	<input type="checkbox"/> Van (14 plus driver) 5 passenger minimum required. CDL A, B, or C with P & S endorsements required to transport pre-K through grade 12 students		
12. Driver's Name:	_____		
	License No., Class & Endorsements: _____		
13. Sponsor's Approval.	I attest that the information contained is true and correct and any changes shall be submitted for approval consistent with the original process <b><u>prior to the use of the vehicle.</u></b>		
Signature	_____	Date	_____

## Part II - Approval and Reservation of Vehicle – To Be Completed by Property/Inventory and Records Coordinator

Signature	_____	Date	_____
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## Part III – Trip Report – To Be Completed by Driver/Sponsor/Sponsor's Designee

17. Beginning Odometer	_____	18. Ending Odometer	_____
19. Total Miles	_____	20. Credit Card	_____
21. Needed Repairs/Comments	_____		
22. Driver/Sponsor/Sponsor's Designee Signature	_____	Date	_____
I attest that only the driver listed in Part I, 12 will drive the vehicle and I accept responsibility for the college credit card listed.			

### Directions:

- Sponsor shall complete Part I and turn into the Office of Property Records.
- Property/Inventory and Records Coordinator shall approve (contingent upon availability) and reserve vehicle.
- The Driver/Sponsor/Sponsor's Designee must pick up this form, keys, vehicle and gas credit card at the Physical Plant Office on the departure date, or sooner if departure is before/after normal business hours.
- Upon return, Part III shall be completed and returned immediately, along with keys, vehicle, credit card and credit card receipts to the Physical Plant office. If it is outside of normal business hours all items must be returned immediately upon the office opening on the next business day.

**STUDENT PRIVATE AUTO AGREEMENT**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
*(Please Print Or Type)*

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CAMPUS ORGANIZATION/COURSE TRAVELING FOR: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

IF YOU ARE A PASSENGER WITH A STUDENT, GIVE THEIR NAME: \_\_\_\_\_

**RELEASE**

As a student/participant of Chipola College;  
I wish to drive my own personal vehicle/ride as a passenger with another student in their personal vehicle, (circle one) to the above stated activity. I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT / PARTICIPANT

\*\*\*\*\*

**FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:**

**I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**AGREEMENT FOR OFF-CAMPUS ACTIVITY  
NOT CHAPERONED BY THE COLLEGE**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
*(Please Print Or Type)*

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CAMPUS ORGANIZATION/COURSE TRAVELING FOR: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

\_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

**RELEASE**

As a student/participant of Chipola College, I do willingly execute this release in the consideration of the educational benefit to be derived by me by my participation in the above stated activity. I hereby release from liability and hold Chipola College harmless from any and all claims and causes of action which might be brought by me or my parents or dependents for loss of property, personal injury or death sustained by me arising out of any travel or activity conducted by or under the control of Chipola College. It is understood that Chipola College as used herein shall include the employees, administrators, agents, and Board of Trustees of Chipola College.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF STUDENT / PARTICIPANT**

\*\*\*\*\*

**FOR STUDENTS/PARTICIPANTS UNDER THE AGE OF 18:**

**I HEREBY APPROVE THE FOREGOING AGREEMENT AND JOIN IN THE FOREGOING RELEASE.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

## ACTIVITY REGISTRATION FORM – OFF CAMPUS ENTITY

This form must be completed and returned to the Associate Vice President of Student Affairs or the Student Activities Coordinator at least (10) business days in advance of the distribution or activity. The Associate Vice President of Student Affairs or the Student Activities Coordinator will approve or disapprove the activity or event and appropriate space for visitors, according to College Policy 1.122—Campus Visitors. This includes the display or distribution of any type of publicity or literature on campus. The proposed activity must be a lawful activity and cannot disrupt the functioning of Chipola College or the rights of other individuals or organizations. The proposed activity cannot impede the normal flow of traffic nor disrupt instructional activities or other campus activities. Commercial Speech is not included in this policy.

NAME OF SPONSORING ORGANIZATION:

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NATURE OF ACTIVITY:

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DATE & HOURS OF ACTIVITY:

---

PURPOSE OF ACTIVITY:

---

ARRANGEMENTS FOR SECURITY:

---

ARRANGEMENTS FOR CLEAN UP AFTER ACTIVITY:

---

LOCATION OF ACTIVITY:

---

---

Signature of Requestor

Date

---

Requestor Contact Information (phone, email, etc.)

---

Associate Vice President of Student Affairs or Student Activities Coordinator

Date

*The purpose of this Activity Registration Form is designed to assist the College with making appropriate plans, steps and accommodation to protect the interests of individuals who exercise their freedom of speech while at the same time preventing unlawful activity as well as preventing any activity which materially and substantially disrupts the functioning of the College or infringes upon the rights of other individuals or organizations who engage in expressive activities.*

## **VOLUNTEER AGREEMENT**

**\*\*NOTICE\*\*:** ALL VOLUNTEERS MUST FOLLOW THE RULES AND PROCEDURES OF IMM #25 AND REPORT TO THE HUMAN RESOURCES OFFICE BEFORE PARTICIPATING AS A VOLUNTEER.

### **VOLUNTEER SERVICES TO CHIPOLA COLLEGE**

#### **I. General Statement**

1. College personnel may utilize volunteers for one-time or occasional voluntary service and for specific voluntary activities on an on-going basis.
2. The purpose of this memorandum is to establish procedural guidelines for using volunteers at the College.

#### **II. Procedure**

1. The following procedural guidelines apply to the use of volunteers at the college.

A volunteer is a person who provides services to the college with no expectation of payment. A volunteer shall comply with all college rules and procedures.

College personnel agreeing to supervise volunteer activity are responsible for the following:

- A. Submission of a completed volunteer approval form to the Special Assistant for Institutional Programs prior to the first date of service.
- B. Submission of a completed time sheet (use career employee time sheet) to the Special Assistant for Institutional Programs upon completion of the volunteer's service.
- C. To screen, train, supervise and be responsible for their volunteers.
- D. To take the necessary action to ensure that volunteers understand their duties and responsibilities.
- E. To inform the volunteer of any applicable administrative rule of procedure.
- F. To inform volunteers that activities not directly related to the services for which they are volunteering may result in the college protection being nullified.

The college reserves the right to refuse any specific or all volunteer service at any time.

Date: November, 1994, August, 1999

Reference: FS 240.319

SBE 6A-14.0247 & 6S-14.0262