

## Student Organization Advisor Agreement

Organization Name: \_\_\_\_\_

Each organization is required to have an advisor. Advisors must be full-time or part-time Simpson College employees.

In order to be fully registered, an Advisor Agreement must be submitted to the Office of Student Activities by 5:00 pm on August 31, 2012. Until forms are received, this organization will be frozen in the registration process.

Responsibilities of an Advisor:

Attend regularly scheduled meetings as often as possible.

Meet with the officers to discuss organizational goals, assist with the development of programs, discuss the financial status of the organization, etc.

Support the organization. It is expected that the advisor will attend group sponsored activities when appropriate. Be knowledgeable of College policies.

Be familiar with the group's history and traditions. The advisor should also be familiar with the constitution and bylaws and should be prepared to assist with the interpretation of those.

Recognize the general financial condition of the organization and encourage the maintenance of sound financial records.

Review the group's functions and encourage all members of the group to fully participate, assume responsibility for group activities, and to maintain a balance between academic responsibilities and co-curricular involvement.

Help the students understand the impact and implication of activities in which the group wishes to engage.

Ensure that the organization files appropriate registration paperwork each semester with the Office of Student Activities and that change forms are completed whenever officer changes occur.

Assist in resolving conflicts between group members and/or officers. Sign all documents that require an advisor's approval. Assist the organization with a smooth officer transition. Maintain open communication with the Office of Student Activities,

I understand and agree to perform the role of advisor to the above-listed organization and as specified in the above expectations. I understand that if I am not a university employee, I am on my own with regards to any legal liability that I may incur as a result of my serving as the advisor to this organization.

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

Campus Department and Address:

\_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

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

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