

**Aims Community College
Student Organization
Recognition Packet**

**Student Government Association
2010-2011**

Petition for Recognition

Student Organizations

Aims Community College
Student Government Association

We, the undersigned, petition the Student Government Association of Aims Community College for recognition as sanctioned student organization at Aims Community College. We understand that all the recognition criteria must be met before approval of this request can be granted.

Please type all requested information below:

Name of Organization:

In what ways does the proposed organization serve to benefit this campus and the members of the organization?

Purpose of Organization:

Membership Qualifications:

Types of Programs Sponsored (events, meetings, etc.):

Organization President

Organization Advisor

NOTE: The information on this sheet and the attached sheets is necessary for recognition and is considered public information. The Student Government Association and the Student Life Office have the right to furnish any person, requesting information about this organization, with information submitted by the organization.

Information Sheet

Student Organizations

Organization: _____ Date: _____

	<u>Officer's Name</u>	<u>Position</u>	<u>Phone #</u>	<u>Email</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Has this organization made any changes to its Constitution / By Laws / Working Papers in the last year? Yes / No

Meetings (day of the week, time): _____ Meeting Place: _____

of student members: _____ # of non-student members: _____ Total membership: _____

Club Advisor: _____ Advisor's Phone # _____

Advisor's Email: _____ Advisor's Office: _____

Advisor's Signature: _____ Officer Signature: _____

FOR OFFICE USE ONLY:

	Date Verified	Verified By
Completed Petition for Recognition:	_____	_____
Constitution/Bylaws/Working Papers received:	_____	_____
Completed Affirmation of Compliance received:	_____	_____
Advisor Contract:	_____	_____
SGA Approved:	_____	_____

ACKNOWLEDGED BY:

Coordinator of Student Organizations and Activities

Date _____

Director of Student Life

Date _____

- It is also understood that those persons whose signatures appear on this form are authorized to commit organizational funds in payment of services and to request Aims services on behalf of this organization.

Affirmation of Compliance

Student Organizations

Student Government Association Aims Community College

We, _____, of the _____ student organization at Aims Community College, do hereby affirm to Aims Community College and the Student Government Association of Aims Community College that the organization represented by our signatures complies with the following policy on membership in our student organization:

"In furtherance of its' educational objectives and programs, Aims Community College extends to the Student Government Association of Aims Community College the right to recognize a variety of student organizations who comply with laws and ordinances established or enforced by federal, state, or local agencies. Compliance with College and Associated Student policies and procedures are also conditions of organization.

It is the policy that recognized student organizations may not exclude students from membership because of gender, age, creed, religion, race, physical ability, sexual orientation, or ethnic origin.

Recognized student organizations may not exclude students and shall affirm to the College and the Student Government Association that their membership selection policies and procedures comply with the above mentioned policy. In cases of regional, national, or internationally affiliated organizations, Aims Community College's organizations must affirm to the College and the Student Government Association that membership selection, policies, and procedures of the parent organization do not require the organization to exclude any student from membership on the basis of gender, age, creed, religion, race, physical ability, sexual orientation, or ethnic origin."

Organization President

Date

Organization Advisor

Date

Name of Organization

Advisor Agreement

Student Organizations

Advisor Name(s): _____

Organization Name: _____

By signing this agreement I (we) agree to abide by the items listed in the Student Organization Advisor Handbook and the attached sheets, which are briefly enumerated below. Failure to meet these criteria could lead to the loss you advisory leadership role.

I agree:

- To be an advisor (Aims Community College employee), not a member of the organization.
- To meet with organization officers and members on a regular basis; officers bi-weekly, general membership monthly.
- To work with the organization's treasurer in budget development, record keeping, and insure the organization's treasury balances with the Student Life Office. (At no time will an advisor be allowed to keep the financial records.)
- To be responsible for the care and storage of the organization's materials.
- That no student organization accounts can be kept outside of Aims' fiscal system.
- That organization money may not be deposited into a personal account and that all organization money must be deposited into the organization account.
- To provide leadership development experiences for student members.
- To assist organization members in developing an action plan of meaningful activities.
- To establish communication with other student organizations, college administration, and vital community entities specific to the organization.
- To keep the membership informed of activities promoted by the state and national organization (where applicable).
- To be present at all functions such as conferences, social events, meetings, etc. where the use of organization funds and the name of the college are used.
- To abide by Aims Community College Alcohol and Student Extracurricular Travel Policies.
- To assist members in the decision-making process.

Organization Advisor Signature

Date

Organization Advisor Signature

Date

Director of Student Life

Date

Officer Code of Ethics

Student Organizations

I, the undersigned, agree to the following conditions as stated below in the Student Organization Officer Code of Ethics for Aims Community College.

Aims Community College Officer Code of Ethics for Student Organizations:

- I will, at all times, conduct myself with honor and dignity and in accordance the policies and procedures of Aims Community College.
- I will maintain, at all times, a minimum GPA of 2.00 and be in good standing as a student at Aims Community College.
- I will, at all times, display behavior that reflects credit to me and to my organization.
- I will, at all times, be a role model for other student organization members to follow.
- I agree to abide by the Aims Community College Student Government Association's Student Extracurricular Travel Code of Conduct at all times when representing my organization and Aims Community College.

President	Name-Please Print	Signature
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Vice President	Name-Please Print	Signature
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Treasurer	Name-Please Print	Signature
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Secretary	Name-Please Print	Signature
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	Name-Please Print	Signature
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	Name-Please Print	Signature
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Advisor/Officer Signature Sheet

Student Organizations

Academic Year: _____

Student Organization Name _____ Organization # _____

The following student organization officers and advisor(s), whose names and signatures are indicated below, are authorized to withdraw funds through the requisition system for the student organization listed above. This authorization is good only for the academic year indicated above.

CHANGES ON LEADERSHIP TEAM MUST BE REFLECTED ON THIS FORM AS SOON AS THE CHANGE OCCURS.

Advisor _____
Name Please Print _____ Signature _____

Advisor _____
Name- Please Print _____ Signature _____

President _____
Name-Please Print _____ Signature _____

Vice President _____
Name-Please Print _____ Signature _____

Treasurer _____
Name-Please Print _____ Signature _____

Secretary _____
Name-Please Print _____ Signature _____

General Assembly Rep. _____
Name - Please Print _____ Signature _____

Annual Action Plan

Student Organizations

Academic Year: _____

	<u>DATE</u>	<u>EVENT</u>
September	_____ _____ _____	_____ _____ _____
October	_____ _____ _____	_____ _____ _____
November	_____ _____ _____	_____ _____ _____
December	_____ _____ _____	_____ _____ _____
January	_____ _____ _____	_____ _____ _____
February	_____ _____ _____	_____ _____ _____
March	_____ _____ _____	_____ _____ _____
April	_____ _____ _____	_____ _____ _____
May	_____ _____ _____	_____ _____ _____