

**Student Club and Organization**

**Faculty/Staff Advisor Agreement**

As a full-time employee of Saint Leo University, I agree to serve as the faculty/staff advisor to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a University-recognized organization registered with the Student Activities office.

**I understand and agree to meet the following responsibilities:**

1. To be reasonably informed concerning the purpose and programs of the organization;
2. To be reasonably informed concerning the University’s policies and procedures governing student organizations and their activities;
3. To attend and supervise, if necessary, an event at which my presence is required, or find an appropriate substitute from among the full-time faculty and staff of the University;
4. To frequently attend the meetings of the organization;
5. To encourage the members of the organization to assume responsibility for the effectiveness of their programs;
6. To discuss and set standards for the advisor’s involvement within the organization and its activities with the leadership of the organization;
7. To provide advice on the planning and implementation of events and activities;
8. To provide continuity for the organization from year to year;
9. To be willing to accept correspondence regarding activities or announcements that should be conveyed to the officers.

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*Advisor Name (Printed) Title*

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*E-mail Address Campus Phone*

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*Advisor Signature Date*

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*Organization President Signature Date*