

Winona State University

Student Club/Organization Advisor Agreement

Name of Club/Organization: _____

I agree to serve as the advisor for the recognized student club/organization listed above. I understand that as an advisor:

- I am currently employed as a WSU faculty or staff member and am able to sign applicable paperwork when needed (financial, travel, etc.).
- With the guidance and input of the student officers/leaders, I am responsible for overseeing the recognized student club/organization's University accounts. I am responsible for ensuring that all financial policies and procedures set by WSU and Minnesota State are following and I will be listed as the University's responsible person for said account(s).
- I am knowledgeable about University policies and procedures including, but not limited to, the Student Code of Conduct, hazing, purchasing, travel, motor pool, facility reservations. I will guide the club/organization in its activities to ensure that all WSU and Minnesota State policies and procedures are followed.
- As a student club/organization advisor, I am designated as a **Campus Security Authority (CSA)** due to having significant responsibilities for students and campus activities outside of a normal classroom setting. I will contact Affirmative Action or the Director of Security if I have questions about my role as a CSA.
- In my role as a CSA, I will also fill out WSU Clery Act Student Travel form within seven days after the return of the trip anytime this club/organization does any University-related travel.
- As a student club/organization advisor, I am a **responsible employee** who needs to report all sexual harassment and sexual violence situations to the Title IX Coordinator in a timely manner. I will contact the Title IX Coordinator if I have questions.
- I will be added to the student club/organization advisor listserv and will be listed as a public contact for the student club/organization on the WSU website.
- I will be contacted by WSU Student Senate if there are concerns or questions about the club/organization.
- I am familiar with the club/organization's constitution and other governing documents, so that I may advise them effectively. If the club/organization is part of a state, national, or international organization, I will fulfill all obligations set forth by them.
- I will meet with the leadership of the club/organization at least monthly to keep abreast of their activities and will attend membership meetings and activities as often as I can (at least semesterly).
- I will assist the club/organization leaders and members in planning their events, outlining risk management issues, and serving as a resource for the club/organization.

*THIS FORM IS DUE BY **SEPTEMBER 24, 2018**, TO THE WSU STUDENT SENATE OFFICE (109-110 KRYZSKO COMMONS). WSU ADVISOR NAMES & CONTACT INFORMATION MUST ALSO BE KEPT UP-TO-DATE IN THE ONLINE WSU CLUB DIRECTORY. IF THIS IS FOR A NEW CLUB/ORGANIZATION THAT IS APPROVED DURING THE ACADEMIC YEAR, THIS FORM IS DUE 1 WEEK AFTER OFFICIAL APPROVAL/RECOGNITION BY WSU STUDENT SENATE.*

- If conduct or other issues arise regarding the club/organization and/or its leaders and members who are serving as representatives of the club/organization, I will be contacted by appropriate WSU personnel to help address the situation(s).
- I will remain in contact with the Associate Director of Student Activities as it relates to advising said club/organization and will ask questions when needed. I will also notify the Associate Director of Student Activities should I no longer be serving in my advisor role (or if I take a leave of absence, go on sabbatical, etc.) and will assist the student leaders in securing a new advisor before my departure.

Advisor #1 Printed Name: _____

Advisor Signature: _____ Date: _____

Advisor's Email: _____

Advisor's Phone #: _____

Campus Dept. & Office Location: _____

I am a continuing advisor for this club/organization: _____

I am a new advisor for this club/organization: _____

If there is more than one official WSU advisor for this club/organization, please complete below.

Advisor #2 Printed Name: _____

Advisor Signature: _____ Date: _____

Advisor's Email: _____

Advisor's Phone #: _____

Campus Dept. & Office Location: _____

I am a continuing advisor for this club/organization: _____

I am a new advisor for this club/organization: _____

Please complete if this club/organization also has a community volunteer advisor/coach in addition to the WSU advisor. While they don't carry all the responsibilities of the WSU advisor, we need to know who they are.

Volunteer Advisor/Coach Printed Name: _____

Advisor Signature: _____ Date: _____

Advisor's Email: _____

Advisor's Phone #: _____

Advisor's Address: _____

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