



Name of RSO \_\_\_\_\_

Type of Event (check one): ☐ Fundraiser ☐ Solicitation/Sale ☐ Drive ☐ Social Activity ☐ Forum/Lecture/Workshop ☐ Other

Will you be working with an external or internal organization? ☐ External ☐ Internal

If yes, please attach a copy of your contract with this form and provide vendor contact information \_\_\_\_\_

In consideration of Participant being permitted to participate in the Oakland Community College Program(s) named above, I, Participant/Participant's Parent or Guardian, hereby release, discharge and covenant not to sue Oakland Community College, its trustees, officers, agents and employees from all liability for any and all claims, damages, costs or causes of action I/we have or may in the future have as a result of injuries (including death) or damage to property sustained or incurred by Participant while in any way participating in the above Program(s). I UNDERSTAND THAT I AM RESPONSIBLE FOR: ANY DAMAGE TO THE FACILITIES OR EQUIPMENT, CLEAN UP OF THE FACILITIES USED AND FOR RETURNING ANY LOANED EQUIPMENT TO OCC. **By signing this Release, I certify that I have read the Release and understand its terms.**

Date \_\_\_\_\_

Date Request Received

Campus SDC Signature



## Student LIFE Application for New RSO

Proposed name and acronym of organization: \_\_\_\_\_

Organization, Purpose or Mission Statement:

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Explain how members are to be chosen:

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Type of organization (See page 6 of this handbook): \_\_\_\_\_

Do you have affiliation with state, local or national organizations? ☐ Yes ☐ No

If yes, please provide name and website of the affiliate organization:

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Is the state, local, or national organization a tax exempt entity? ☐ Yes ☐ No

If yes, please provide the tax exempt ID of the affiliate organization: \_\_\_\_\_

Will dues be collected? ☐ Yes ☐ No

If yes amount and frequency of collection: \_\_\_\_\_

Will the group be involved in fundraising activities on campus? ☐ Yes ☐ No ☐ Don't Know

If so, briefly explain:

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Will the group be participating in off-campus activities, like trips, conferences, etc.)? ☐ Yes ☐ No ☐ Don't Know

If so, briefly explain:

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*Oakland Community College recognizes the right of any group of students to form a voluntary organization for any purpose not forbidden by law. If an organization composed chiefly or exclusively of students desires to hold meetings in College buildings, it is required to have an advisor who is a member of the professional staff of the College and to file required documents with the Student LIFE Office. Information may be required about its purposes, officers, memberships, dues, etc. and shall be uniform for all organizations. An organization which has fulfilled these requirements is called a Recognized Student Organization (RSO). The College assumes no responsibility for recognized organizations or their programs; however, some organizations, if closely connected with the activities of academic departments of instruction, honor societies and/or student government may in some cases receive special help and supervision.*

**We have read and understand** the procedures for forming a new student organization, the responsibilities of a student organization and the policies guidelines and procedures for student organizations at Oakland Community College. We are aware that our recognition may be revoked if we do not adhere to student organizational policies and procedures outlined by this document.

\_\_\_\_\_  
President Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Student LIFE Community Service Form

RSOs completing hours to fulfill Student Organization Handbook Service Requirements should turn this form into the Student LIFE Office after each completed service project in order to receive credit.

\_\_\_\_\_  
RSO Name\_\_\_\_\_  
Campus\_\_\_\_\_  
Name and Title of Person Completing Form

**Service Guidelines:** Only recognized, established institutions and organizations are approved for community service, such as OCC Student LIFE Office, general nonprofits, grade schools, libraries, hospitals, nursing homes, churches, social service agencies, community service groups, government entities, etc. Examples of service projects that will NOT be approved: chores like mowing lawns, babysitting, shoveling snow for neighbors, friends or family; working for your parents for free; donating time to a for-profit business; tutoring in an unstructured environment. Community service hours reported may NOT be granted for RSO related activities, such as attendance at Student Government meetings, Welcome Week, other club events, etc. Only site supervisors for nonprofit organizations, governmental agencies or K-12 schools may sign this form to verify service performed.

Date of Service	# of Hours	Name of RSO Members Performing Service	Institution/Organization and Description of Service Performed	Authorizing Signature and Title	Phone #

\_\_\_\_\_  
President Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Advisor Signature\_\_\_\_\_  
Date



**Student LIFE**  
**Event Tally and Deposit Form**  
*(for tickets, raffles, door cash/checks, etc.)*

RSO Name \_\_\_\_\_

Officer Name and Title \_\_\_\_\_

Event Name \_\_\_\_\_

511 Acct. # \_\_\_\_\_

Cash Box Start Balance \_\_\_\_\_ Received by (initials) \_\_\_\_\_ Cash Box End Balance \_\_\_\_\_

\$100.00		<b>Deposit Date</b> _____  <b>Total Deposit</b> _____
\$50.00		
\$20.00		
\$10.00		
\$5.00		
\$1.00		
\$0.50		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
<b>Total Door Sales</b>	_____	
<b>Head Count</b>	_____	
<b>Ticket Beg. Number</b>	_____	
<b>Ticket End Number</b>	_____	
<b>Price Per Ticket</b>	_____	
<b>President/Treasurer Signature</b> _____ <b>Date</b> _____		
<b>SDC or Advisor Signature</b> _____ <b>Date</b> _____		



# Student LIFE

## Funding Request Form

From Student LIFE Activity Committee

*This form is used by students or faculty who seek funding from the Student LIFE Activity Committee. Campuses with a student government should use the SA3 Funding form in the RSO Handbook, not this one. Please complete one form for each program, service or activity you would like support for and return the completed form to your campus SDC with a copy of a budget outline (example provided in the appendix of the RSO Handbook). This proposal will be submitted for consideration to the campus Student LIFE committee and you will be notified within 30 days of the Committee's decision. Work with your campus SDC as needed for assistance with filling out this form.*

1. Name of Person and Club/Department Requesting Funds \_\_\_\_\_
2. Name of Program/Service/Activity \_\_\_\_\_
3. Fiscal Year Funds Requested For \_\_\_\_\_
4. Date(s) of Program/Service/Activity \_\_\_\_\_  
Coordinator/Contact Person Email/Name \_\_\_\_\_
5. Description of Program/Service/Activity  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Budget Amount Requested (Please attach an itemized budget) \_\_\_\_\_ Revenue Projected (if any) \_\_\_\_\_
7. What contribution will you or your department provide for this project? Example: funding, volunteer, staff or marketing/promotion.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How will the Program/Service/Activity be marketed?<sup>1</sup>  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. For faculty use only: which General Educational attributes are addressed with this event? (See assessment and effectiveness department website from OCC website)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What are the specific goals of the activity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. How will the outcomes of this activity be measured?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
President Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Advisor Signature\_\_\_\_\_  
Date

<sup>1</sup> Please note all funded projects should be marketed under the Student LIFE masthead unless justified, and expressly permitted otherwise by the campus Student LIFE committee. Requests for exception should be made in writing using the "other comments" request section.



# SA3

Your Student Voice

RSO Name &amp; Campus \_\_\_\_\_ Date \_\_\_\_\_

Person Submitting Funding Form &amp; Title \_\_\_\_\_

Is your Org. up to date and fully registered with Student? ☐ Yes ☐ No

Date RSO Become Recognized by Student LIFE \_\_\_\_\_

**Complete your P.A.C.E.S. and S.C.O.R.E. funding!** SA3 student government determines the funding eligibility of your RSO using a set of criteria such as leadership, professionalism, services, etc. Please detail and demonstrate how your organization has accomplished and implemented the criteria for each letter category below. If the criterion requires a specific number of projects, please indicate all for full points. Your ending score will help SA3 in determining whether to fund your proposal. Please note this scoring is based on objectives derived from General Education Outcomes listed in the College catalog. This form is to be used only by student organizations and faculty at campuses with an SA3 Student Government.

## GUIDELINES

**Points:** Each category is worth 20 points. A minimum of 100 points is required for funding consideration.

**Limitations:** Requests over \$500 will also require SA3 Advisor approval prior to presenting to SA3. Cumulative awards cannot exceed 25% of annual SA3 budget.

**Submission Instructions:** Use additional paper (typed) if necessary. Submit this form, along with the Budget Outline (page two of this form) to [occsa3ah@gmail.com](mailto:occsa3ah@gmail.com) at least one week prior to the monthly SA3 Open Meeting. Please visit [www.oaklandcc.edu/studentlife-ah/sa3](http://www.oaklandcc.edu/studentlife-ah/sa3) for the SA3 Open Meeting Schedule. Note: proposals are funded Sept-March, with the last proposal of the year accepted at the March SA3 Open Meeting.

## P.A.C.E.S / S.C.O.R.E WORKSHEET

**Professionalism** – RSO demonstrates organizational skills, reporting docs. submitted on time, follows rules, professional courtesy, participate in leadership conferences.

**Academics** – Club officers all maintain 3.5 GPA.

**Collaboration/Communication** – Group works collaboratively with others.

**Engagement/Personal Development** – Actively participates and promotes Student LIFE.

**Service-Oriented** – Group performs three or more Community Service projects.

**Social Responsibility** – Example: RSO recognized a need in the campus community and developed a program to correct it.

**Critical Thinking/Problem Solving** – Example: Officers participate in annual Leadership Workshop and recruit members for Debate Workshop.

**Outreach/Diversity** – Recruiting for and welcoming diversity into group and recognizing value of global viewpoints are RSO hallmarks.

**Resourcefulness/Fiscal Responsibility** – RSO has a history of fundraisers to match Student LIFE funding and financial reporting accuracy.

**Expand Aesthetic Awareness** – Example: Create an event (concert, play, art exhibit) for students to display their talents.

\_\_\_\_\_  
President Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Advisor Signature\_\_\_\_\_  
Date

(continued)

**Student LIFE**  
**Funding Request Form**  
*From SA3 Activities Committee (page 2)*

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p.2 of 2

*(This form is to be used only by student organizations at campuses with an SA3 Student Government)*

**Budget Outline** *(attach this form to your Funding Proposal Form with copies of your vendor quotes)*

Name of Club/Organization \_\_\_\_\_

Provide a brief description of your club and what you will use the funding for:

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**Description of Items to Be Purchased with Funding**

List the items you seek funding for and attach any printed quotes received. Note: For each item, you MUST FIRST try to acquire a quote from the campus bookstore, prior to seeking the item from an outside vendor.

Quantity	Unit	Precise Description of Material Required	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vendor's Name

Vendor's Address, City, State and Zip

Estimated Cost (attach quotes if over \$50)

President Signature

Date

Advisor Signature

Date



Name of RSO \_\_\_\_\_

[illegible]

Name (Print)	Position Title	Email	Telephone Number

[illegible]



## Student LIFE RSO Donation Request Form

We support our campus community! Need sponsorship for a student organization special event? Complete this form, get the appropriate signatures, and return to the Raiders Store Manager or Assistant Manager.

Name of Activity/Organization \_\_\_\_\_

Printed Name of Person Requesting Donation \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student Org. President Signature \_\_\_\_\_ Advisor Signature \_\_\_\_\_

Student LIFE Coordinator Signature \_\_\_\_\_

### TYPE OF EVENT

Name of Event \_\_\_\_\_

Is This Event Open to the Public? ☐ Yes ☐ No

☐ Recruiting ☐ Social ☐ Fundraiser ☐ Community Service ☐ Other

1. Briefly describe the event and reason for your request.

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2. Expected number of participants at the event \_\_\_\_\_ Date and time of the event \_\_\_\_\_

3. Date the donation is required by and who will pick it up (1 week notice required) \_\_\_\_\_

4. How will the event be marketed?

- Event T-shirts
- Event flyers or posters on campus
- Banner or table tent in Student Center
- Marquee announcement
- Press release
- Interviews

5. How will the Raiders Store's donation be acknowledged?

- Logo on event T-shirts
- Logo on event flyers, posters, or other print material
- Promo table at event
- Marquee announcement
- Mentioned in press release
- Mentioned in interviews

### RAIDERS STORE POLICY

- Store will only donate twice per academic year per registered student organization. Exceptions will be evaluated on a case by case basis. Please see SDC to discuss.
- Form must be turned in, in person.
- RSO imprint item (non-stock item) funding special orders will be evaluated on a case by case basis.



# Student LIFE RSO Request for Purchase/Reimbursement

*This form is required for any request for purchase or request for reimbursement of funds related to your student organization (regardless of whether funds are from 511 account or allocated by SA3/Student LIFE Committee).*

☐ Request for Purchase      ☐ Reimbursement Requested      ☐ Advance Deposit Requested

Date \_\_\_\_\_ RSO Acct. # \_\_\_\_\_ RSO Name \_\_\_\_\_

Requestor Name \_\_\_\_\_ Requestor Email Address \_\_\_\_\_

## REQUEST FOR PURCHASE

Purchaser Name \_\_\_\_\_ Purchaser Title in RSO \_\_\_\_\_

Vendor Name \_\_\_\_\_ Vendor Address, City, State and Zip \_\_\_\_\_

Estimated Cost (attach quotes if over \$50) \_\_\_\_\_

### OFFICE USE ONLY

PO

SDC APPROVED?

☐ Yes    ☐ No

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Quantity	Unit	Description of Material to be Purchased	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TOTAL AMOUNT**

## REQUEST FOR REIMBURSEMENT/ADVANCE DEPOSIT

Payee's Name \_\_\_\_\_ Payee's Title in RSO (if vendor, state this) \_\_\_\_\_ Amount for Reimbursement/Deposit \_\_\_\_\_

Payee's Address \_\_\_\_\_ Payee's City, State and Zip Code \_\_\_\_\_ Purchase Date  
(if deposit, state the date required)

Quantity	Unit	Description of Purchase	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TOTAL AMOUNT**

\_\_\_\_\_  
President Signature      Date      Advisor Signature      Date



## Student LIFE Travel Liability Waiver

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Name of Student

OCC Student? ☐ Yes ☐ No If yes, please provide student ID number: \_\_\_\_\_

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Event/Trip

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Date(s) of Event/Trip

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Emergency Contact Person

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Contact Phone Number

I acknowledge that there are risks associated with making any trip, and that these risks include, but are not limited to, accidents associated with travel, transportation or vehicular traffic, while a passenger in or on a vehicle or while a pedestrian; illnesses related to food, weather, or other causes; and actions of other people. I hereby assume all the risks of participating on this trip.

I understand that Oakland Community College strongly discourages any deviation from the itinerary and accepts no responsibility, if I elect to leave early or extend my visit. I also accept liability for any financial obligations, damage or injury I may incur.

I understand that medical insurance – along with any and all associated medical expenses – are my individual responsibility. It has been strongly recommended to me by Oakland Community College that I have valid health insurance enforce during travel.

I further understand that I am responsible for making sure that my health insurance is valid in \_\_\_\_\_ State (or country if outside the USA).

In consideration of my application and permitting me to participate on this trip, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assign to:

A. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me from any cause whatsoever, including as to my traveling to and from all destinations associated with this trip, the following entities or persons:

1. The College, its elected and appointed officials, employees, students, and volunteers working on behalf of the College

B. Indemnify and hold harmless the entities or persons mentioned in the above paragraph "A" from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this trip.

I hereby certify that I have read this document and understand and agree to its terms and content.

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Signature

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Date

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Signature of parent or guardian (if student is under 18 years of age)

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Date

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Witness

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Date



## Student LIFE Student Group Contract

This contract form is to be filled out and used exclusively by recognized student organization officers who wish to contract with an outside vendor for an event.

**Prior to signing this form, you MUST read the section of this RSO Handbook that discusses contracts and your liability by entering into one.**

### 1. STUDENT GROUP INFORMATION

Student Group Name \_\_\_\_\_  
Student Contact \_\_\_\_\_ Contact's Email \_\_\_\_\_

### 2. CONTRACTOR INFORMATION

Company/Organization Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Fax \_\_\_\_\_ Federal Employer ID# **OR** Social Security # \_\_\_\_\_

Is the contractor presently affiliated with OCC?

☐ No – no current affiliation

☐ Yes – if yes, indicate affiliation: ☐ Employee/Faculty ☐ Full-time student ☐ Part-time student

### 3. EVENT LOGISTICS

Type of Event \_\_\_\_\_  
Event Location \_\_\_\_\_  
Brief Event Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Set-up Requirements and Equipment Needs (examples include tables, chairs, podium, microphones, electricity, staging, food/beverage, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Date/Period of Service:

Date(s) \_\_\_\_\_ Event Time \_\_\_\_\_

Equipment Set-up Time \_\_\_\_\_ Disassembly or Pick-up \_\_\_\_\_

### 4. SERVICES PROVIDED BY CONTRACTOR (please describe)

Catering \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Equipment Rental \_\_\_\_\_  
Other Service \_\_\_\_\_

### 5. COMPENSATION

Compensation Rate \_\_\_\_\_

Additional Fees (please explain \_\_\_\_\_)

Total Cost for Services \_\_\_\_\_

If Services are Recurring:

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Breakdown Per Lesson or Event \_\_\_\_\_

If you have any additional requirements, please explain below or attach a rider.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued on back)

## **INDEMNIFICATION**

Contractor agrees that any personal injury to Contractor or third parties or any property damage incurred in the course of the performance of services shall be the responsibility of the Contractor, except to the extent caused by the sole fault or negligence of the College.

Contractor shall indemnify and hold harmless the College, its board members, officers, employees, agents and students from and against any direct costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney fees, which may arise out of Contractor's performance of services as outlined herein, or which may arise out of the infringement of the copyright patent, or other proprietary rights of third parties

## **INSURANCE**

Contractor agrees to maintain comprehensive general liability insurance, including contractual liability, with limits not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; automobile liability for owned, non-owned and hired vehicles with a combined single limit not less than \$1,000,000 per occurrence; Employers Liability with a minimum limit of \$500,000; and Workers' Compensation to statutory limits as required by the State of Michigan. Company agrees to have the Board of Trustees of Oakland Community College its elected and appointed officials, employees, students, agents, and volunteers included as additional insureds on the Company's certificate of insurance with respect to comprehensive general liability and provide the College with 30 days prior written notice of any material changes in the above insurance. Company shall provide the College with a certificate of the above insurance coverages and amounts upon execution of this Agreement.

## **RELATIONSHIP OF PARTIES**

The Contractor shall not, by virtue of this contract, become an employee or agent of OCC, and shall not be entitled to the rights, benefits, or privileges of the College's employees. The Contractor and its agents and members are solely responsible for their own actions and have no relationship to OCC.

## **PERMITS AND LICENSES**

Prior to the event, Contractor shall obtain any required work permit, visa, approval, license, etc., and make the required filing or notice to the proper governmental authority.

## **LEGAL COMPLIANCE**

Contractor must comply with all applicable state, federal and local laws, regulations, etc., as well as with Oakland Community College policies and guidelines.

## **SECURITY**

OCC Public Safety determines security requirements. OCC reserves the right to refuse and forbid requested service or arrangements as being impermissible on the grounds of safety, security, and/or caution in the operation of any equipment.

## **SOUND & PYROTECHNICS**

OCC reserves the right to control sound levels during the Event. Pyrotechnics and haze/fog machines may not be used.

## **OPERATION**

Contractor will provide at least one qualified employee to be responsible for the correct and proper setup, operation, and disassembly of the equipment and other items provided under this contract.

## **DAMAGE TO OCC**

Contractor agrees that it will not alter, modify, attach, append, or in any way or manner affect any of the property, fixtures, or real estate of OCC or the Event location. If, in the opinion of OCC this clause is violated, any payment due will be fully withheld pending settlement for damage.

## **TERMINATION**

(i) Breach by Contractor – If there is a breach by Contractor, or material breach in services provided under this contract that threatens the safety, health, or well-being of any person, OCC may terminate this contract immediately.

(ii) Termination– Either party may terminate this agreement at any time with thirty (30) days prior written notice. This Agreement can be terminated for breach of any of the terms and conditions of the referenced documents of this Agreement if such breach is not cured within ten business (10) days after receiving written notice of the breach.

## **FOR CONTRACTOR**

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Signature

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Date

## **FOR STUDENT GROUP**

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Signature

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Date