I __________________________, advisor of ________________________, agree to perform the following duties and responsibilities for this club/organization, which include, but are not limited to:

- Attend mandatory Advisor Training(s) as required by SA.
- Attend the meetings and ensure that they are properly scheduled.
- Serve as a resource person at executive and committee meetings.
- Act as a consultant on any project or special committees.
- Inform club members of the anti-hazing regulations stated in the constitution.
- Act as a liaison between the College and the club/organization, representing the best interest of each.
- Sign documents deemed appropriate, such as room reservation forms, recognition forms, travel forms, requisitions, etc.
- Submit all publicity and advertisements to SA for approval.
- Ensure fiscal responsibility by managing budgets, complying with College policy, Cash and Collections Guidelines, Purchasing Card usage guidelines, and SA requirements.
- Serve as an OrgSync administrator to ensure OrgSync is up-to-date and accurate according to SA policy.
- Assist with the formulation, amendment, and clarification of the constitution and bylaws.
- Advise the planning of activities and events and oversee elections.
- Confirm that activities and events are approved in advance.
- Chaperone all travel, activities, and events or appoint a designee.
- Work with the officers to promote efficient and effective administration.
- Assist with the development, training, and orientation for new members.
- Consult with Student Activities Office when questions and conflicts arise.
- Advise students in the area of fiscal responsibilities, integrity and leadership.
- Enforce the College Student Code of Conduct at all activities/events whether on or off campus.
- Use or possession of alcohol and/or drugs by an advisor during any College sponsored activity is strictly prohibited.

By signing below I acknowledge that I have read the above responsibilities and agree to uphold them to maintain my role as advisor for the organization.

Print Name: _____________

Advisors Signature: ________________ Date: ________________

Supervisor Signature: __________ Date: __________