

2017-2018
Virginia Commonwealth University Sport Clubs Program
Faculty/Staff Advisor Information Form

Sport Club Organization: _____

Advisor Information

First Name: _____ Last Name: _____

Campus Address: _____

Daytime Phone: _____ VCU Email: _____

Serving in the capacity of Advisor for the above listed sport club organization at Virginia Commonwealth University, I recognize, understand, and accept the and responsibilities, policies, and procedures as outlined in the club's constitution and the VCU Sport Club Program Policies and Procedures Manual.

I will carry out these duties, policies, and procedures to the best of my ability. I will report any club or club member misconduct or policy violation, which I may become aware of, to the Sport Club Program Office. I understand that in this role I am also considered a Campus Security Authority under the Jean Clery Act and will complete annual Clery Act training.

I certify that I am a full-time Faculty or Staff member at Virginia Commonwealth University.

Signature of Advisor

Date

As president of the above listed sport club organization, I certify that our faculty/staff advisor was selected and approved by our organization under the procedures we have outlined in our club constitution.

Signature of Sport Club Organization President

Date