Mission Statement:

The Sport Club Program at Cal Poly administers a wide variety of competition, instruction, and personal development to the campus community. Sport Club student-athletes are able to further their personal development through networking and team management, negotiating with other organizations including national bodies and regional leagues, and fostering relationships with the local community by putting on events such as fundraising and community services. The Club Sports Program provides students the opportunity to develop social and managerial skills that they can use in their academic and professional careers.
Index

I. Budgeting
II. Grant Funding
III. Coaches
IV. Ordering Apparel
V. Licensing
VI. Scheduling Practices
VII. E-Plan
VIII. Travel
IX. Event Management
Budgeting

In this section, we have included a sample PRF and a Team Budget Template.

Payment Request Form (PRF)

- On the PRF make sure that all Payee information is correct, as well as your club information.
- “My club has received Club Sponsorship for the 2012-2013 fiscal year.” And “Use Club Sponsorship to pay for the following expenses.” Should BOTH be checked yes.
- Make sure ALL PRF’s are typed.
- If you are reimbursing a team member, make sure to attach the original receipt. If you are reimbursing a club officer, a different officer must sign the PRF.

Team Budget Template

- Make sure to constantly check your team accounts through ASI.
- Make sure to start filling out your team budgets early, so you do not have to worry about filling it all out at the end of the year.
# CLUB PAYMENT REQUEST FORM

**Date Generated:** #

### CHOOSE ONE:
- [ ] Issue CHECK
- [ ] Issue PURCHASE ORDER
- [ ] Transfer (Between clubs only)

*Break out shipping and sales tax in the description area*

### Payee Information
- **Payee Name:**
- **Payee CP Email:** @calpoly.edu
- **Payee Street Address:**
- **State:**
- **Zip Code:**
- **City:**
- **Payee Phone #:**

### For services or scholarships, attach W-9 & copy of contract for new vendor:
- **Amount $:** $0.00
- **IRS Form W-9 Attached**
- **Copy of Contract Attached**

### Account Information
- **ACCOUNT NUMBER:**

### Club Information
- **YES**
- **NO** My club has been approved for ASI Club Sponsorship for the current fiscal year.
- **YES**
- **NO** Use ASI Club Sponsorship to pay for the following expenses. See ASI Club Funding Procedures for qualifying expenses.

### QTY | DESCRIPTION | UNIT PRICE | ITEM TOTAL | ACCOUNTING USE ONLY |
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</tbody>
</table>

**TOTAL** $0.00

### IMPORTANT REMINDERS:
- **Signatures:** All PRFs must be signed by an officer and advisor that is listed on the current Charter on file with ASI Club Services. In addition, the officer signature must be different than the payee. Any signatures that cannot be verified with the Charter will be returned to the club, resulting in processing delays.
- **Back-up Documentation:** Original, itemized receipts/invoices are required for all reimbursements/payments; copies will not be accepted, no exceptions. ASI Club Services cannot, under any circumstances, reimburse for lost receipts/invoices. Explanation of all short pays and unreimbursable items must be included. If you are paying a vendor, please indicate if the product/service has been received, Please see the Club Handbook for a more inclusive overview of proper PRF back-up.
- **Payment for Services:** PRFS for service providers must be accompanied by a completed W-9 tax form. Contact ASI Club Services to determine if a W-9 is needed.
- **Sales and Use Tax:** All tax requirements will be applied as appropriate. If this is a P.O., please be sure to break out shipping and sales tax in the description area.

### Officer Signature:
- **Print Name:**
- **Phone:**
- **Date:**

**I verify that club funds will not be used to purchase alcohol or to reimburse for alcohol expenses**

### Advisor Signature:
- **Print Name:**
- **Phone:**
- **Date:**

### FOR OFFICE USE ONLY:
- **Club Balance:**
- **CF** [ ] Yes [ ] No
- **CF Balance:**
- **CPF:**

- **CSA Signature:**
- **Date:**
- **SL&L Director:**
- **Date:**
2012-2013 Budget

Team:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Club Funding</td>
<td>Allocated by ASI</td>
<td></td>
</tr>
<tr>
<td>Team Dues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tournament Fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Travel Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tournament Fees</td>
<td></td>
<td></td>
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<tr>
<td>Nationals</td>
<td></td>
<td></td>
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<tr>
<td>Miscellaneous</td>
<td></td>
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</tr>
</tbody>
</table>
Grant Funding

Each team is given grant funding at the beginning of the year.
Cal Poly Sport Club Council Grant Allocation System

All teams will be allocated $1,000 from the Club Sport Council.

A point system will be put into place throughout the year. The points will be allocated based on the following categories: Membership, Player Dues, Games, Tournaments, Practices, Participation Level, and Community Involvement.

**Membership:** Where members are defined as individuals who have completed the necessary Cal Poly Club Sport Program membership paperwork and who participate in at least 80% of the team’s competitions, points will be awarded as follows:
(1 point) for teams with 8 members
(2 points) for teams with 15 members
(3 points) for teams with 25 members
(4 points) for teams with 45 members
(5 points) for teams with 65 members or more

**Player Dues:** Concerning annual membership dues for regularly competing members (rather than those defined as practice or redshirted members), points will be distributed as follows:
(1 point) for annual dues not totaling $25
(2 points) for annual dues between $25 and $99
(3 points) for annual dues between $100 and $299
(4 points) for annual dues between $300 and $499
(5 points) for annual dues $500 or over

**Games:** Defined as single competitions between a Cal Poly sport club team and another collegiate team, points for the number of games a team competes in during the year will be distributed as follows:
(1 point) for 5 or fewer games
(2 points) for 10 games
(3 points) for 15 games
(4 points) for 20 games
(5 points) for 25 games

**Tournaments:** Defined as a series of competitions against more than one opponent. Participation in tournaments will award points as follows:
(1 point) for participation in 1 tournament during the year
(2 points) for participation in 2 tournaments during the year
(3 points) for participation in 3 tournaments during the year
(4 points) for participation in 4 tournaments during the year
(5 points) for participation in 5 or more tournaments during the year

**Practices***: Defined as regularly scheduled practices for teams during the weeks of their main competitive season at which at least 75% of the team participates under circumstances which are safe and plausible, points will be distributed as follows:
(1 point) for 2 hours of weekly practice
(2 points) for 4 hours of weekly practices
(3 points) for 6 hours of weekly practices
(4 points) for 8 hours of weekly practices
(5 points) for 10 or more hours of weekly practices

*Teams unable to meet the 75% participation requirement at each practice may make prior arrangements to earn points with the Sport Club Council Executive Board and Advisor. Each participant must record hours of practice each week.*
Cal Poly Sport Club Council Grant Allocation System

**Participation Level:** The level at which the team participates will also earn the team points, distributed as follows:
(1 point) for competing in a local championship whose entry requires qualification
(2 points) for competing in a state or regional championship whose entry requires qualification
(3 points) for competing in a Nationals tournament whose entry requires qualification
(4 points) for competing in a Nationals tournament and finishing in the top 3
(5 points) for winning a National Championship title

**Community Involvement:** Teams may organize an approved community service project no more than one time per quarter for 2 points per event.

**Minus Points:**
Disciplinary Actions: Discretion of Council
Up to and including automatic placement into the White Tier.
Missed Sport Club Council Meetings: -1 point and a $50 fine

The 6 teams who earn the most number of points will be put on the Gold Tier.
The next 8 teams who earn the most number of points will be put on the Green Tier.
The remaining 10 teams will be put on the White Tier.
Coaches

Whether you have a Coach or Student Coach, an Agreement must be made and signed.

Coach Payment

- Coaching payment must be filled out completely.
- Please make sure to fill it out as completely as possible.
- Make sure you write out specific dates of when your coach will be working, as well as what they will receive in payment (salary, gifts, travel expenses, etc.)
Coach’s Agreement  
Club Sports Program

Club Team: ________________________  Academic Year: ________________________
Coach Name: ________________________  Coach Email: ________________________
Coach Address: ________________________  Coach Phone: ________________________

Cal Poly’s Club Sports Program strongly encourages each club team to have a coach. The coach’s role is to provide leadership, an outside point of view, and a sense of higher authority to direct students in the Club Sports Program. Coaches may be volunteers or paid a salary from the individual club’s accounts. All Club Sports coaches are required to sign a Coach Agreement and understand and adhere to the following:

- ROLE: I will endeavor to develop and improve the skills of the student-athletes on the team. I will be open and receptive to coaching suggestions from the student-athletes. I understand that I am here as a coach and not an administrator. I will allow the club’s President and other elected officials to manage the club’s regular activities. However, I will work with the club’s officers to achieve the short-term and long-term goals of the team. I understand and adhere to the concept that the Club Sports teams are student managed. I also understand that all financial matters pertaining to the club, will be the responsibility of club leadership, and I will support their decision-making in this area. As the coach, I will work together with the faculty/staff advisor and the Sports Club Administrator to encourage positive interaction between club members, University employees and other teams.

- ATTENDANCE & SUPERVISION: I will attend all practices and competitions for the entire duration of the competitive season. If I am not able to attend a practice or competition, I will ensure that a qualified replacement is available or I will give a copy of the day’s practice or game plan to the club President. I understand that I am responsible for the actions of the team members at practice, while competing, and during the entire duration of travel. I will enforce Cal Poly’s Code of Conduct and all behavioral guidelines of the Club Sports Program located in the Sports Club Program Manual.

- EMERGENCIES: In case of an emergency, I will follow all emergency procedures as put forth in the Sports Club Program Manual.

- TEAM TRIPS: I understand that I am required to be available for team travel. Team officers will specify exact dates at least two days prior to travel or the Wednesday before a weekend competition. I will be present at all practices and competitions during team trips. I understand that I will be held accountable for the behavior of all team members during the entire period of any team trips and I will report any issues of misconduct to the Sports Club Administrator. I understand that any team member’s violation of Cal Poly’s Code of Conduct or the Club Sports Program behavioral guidelines at any time, on or off the competitive surface, while on a team trip, may result in my immediate dismissal.

- RISK MANAGEMENT & SAFETY: I will adhere to all established safety practices for the sport I coach. I will report any hazardous conditions to the officers of my Club Sports team and ensure that the Sports Club Administrator is notified. I will provide the safest possible environment for my team. I also agree to maintain an up-to-date CPR and First Aid certification and to submit proof of my certification, signed release agreement to the Sports Club Administrator Office.
Student Coach’s Agreement
Club Sports Program

Club Team: 
Coach Name: 
Coach Address: 

Academic Year: 
Coach Email: 
Phone: 

Cal Poly’s Club Sports Program strongly encourages each club team to have a coach. The coach’s role is to provide leadership, an outside point of view, and a sense of higher authority to direct students in the Club Sports Program. Coaches may be volunteers or paid a salary from the individual club’s accounts. All Club Sports coaches are required to sign a Coach Agreement and understand and adhere to the following:

- ROLE: I will endeavor to develop and improve the skills of my team to coaching suggestions from my fellow student-athletes. I understand that I am here as a coach and not an administrator. I will allow the club’s President and other elected officials to manage the club’s regular activities. However, I will work with the club’s officers to achieve the short-term and long-term goals of the team. Should I be competing with the team I ensure that I will hold no bias or difference of opinion, nor will I allow my personal opinion of an individual affect my decision for the team. I understand that all financial matters pertaining to the club, will be the responsibility of club leadership, and I will support their decision-making in this area. As the coach, I will work together with the faculty/staff advisor and the Sports Club Administrator to encourage positive interaction between club members, University employees and other teams. However, as a student coach I understand I have increased responsibility and decision-making ability.

- ATTENDANCE & SUPERVISION; I will attend all practices and competitions for the entire duration of the competitive season. If I am not able to attend a practice or competition, I will ensure that a qualified replacement is available or I will give a copy of the day’s practice or game plan to the club President. I understand that I am responsible for the actions of the team members practice, while competing, and during the entire duration of travel. I will enforce Cal Poly’s Code of Conduct and all behavioral guidelines of the Club Sports Program located in the Sports Club Program Manual.

- EMERGENCIES: In case of an emergency, I will follow all emergency procedures as put forth in the Sports Club Program Manual.

- TEAM TRIPS: I understand that I am required to be available for team travel. Team officers will specify exact dates at least two days prior to travel or the Wednesday before a weekend competition. I will be present at all practices and competitions during team trips. I understand that I will be held accountable for the behavior of all team members during the entire period of any team trips and I will report any issues of misconduct to the Sports Club Administrator. I understand that any team member’s violation of Cal Poly’s Code of Conduct or the Club Sports Program behavioral guidelines at any time, on or off the competitive surface, while on a team trip, may result in my immediate dismissal.

- RISK MANAGEMENT & SAFETY: I will adhere to all established safety practices for the sport I coach. I will report any hazardous conditions to the officers of my team and ensure that the Sports Club Administrator is notified. I will provide the safest possible environment for my team. I also agree to maintain an up-to-date SPR and First Aid certification and to submit proof of my certification as well as a signed release agreement to the Club Sports Office. If I will be driving any vehicles to transport the team I will also submit proof of current auto insurance and a copy of my valid driver’s license.
## COACHING PAYMENT CONTRACT

**Cal Poly Club Sports**  
Building 65, Room 217  
1 Grand Ave.  
San Luis Obispo, CA 93407  
(805) 756-7009

### Team Information:

<table>
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<tr>
<th>Club:</th>
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<tbody>
<tr>
<td>Account Number:</td>
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<tr>
<td>Club Contact (name &amp; phone):</td>
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</tbody>
</table>

### Coach Information:

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<th>Name:</th>
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<tr>
<td>Address:</td>
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<td>Phone:</td>
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<tr>
<td>E-mail Address:</td>
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<tr>
<td>SSN:</td>
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<td>Signature:</td>
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### Service Details:

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<tr>
<th>Start &amp; End Date: <strong>(Specific Dates)</strong></th>
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<tr>
<td>Frequency of Service:</td>
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<td>(ex: 2 hours every Wed for 12 weeks)</td>
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<tr>
<td>Description of Duties:</td>
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<td>Exceptions:</td>
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<td>(ex: rain cancellations will be made up Saturday mornings)</td>
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<td>Other Requirements:</td>
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<td>(ex: travel to games)</td>
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<td>Cost and Invoicing Info:</td>
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<tr>
<td>(ex: $100/wk to be invoiced monthly)</td>
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<td>Additional Payment Information:</td>
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<td>(ex: included travel price, apparel, etc.)</td>
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Submit this completed form to:  
**Everette Brooks, Sport Club Coordinator**  
Fax: (805) 756-5836  
Email: ebrooks@calpoly.edu
RELESE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California Polytechnic State University, the Cal Poly Corporation, and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant Signature: ____________________________ Date: ______________

Participant Name (print): ____________________________

If Participant is under 18 years of age, the following page is also required.
Licensing

In order to use Cal Poly licensed marks, they must be approved by the bookstore. Included you will find the licensing flow chart, that must be followed before any screen printing and/or embroidery is completed. Also, included are the approved images when using the Cal Poly name.
Ordering and Paying for Licensed Merchandise

A licensed vendor must be used any time the Cal Poly name, symbol, logo, or mark is used.
(This includes club names, emails, and websites containing the Cal Poly name, symbol logo or mark)

**Club**  
Gather information
- Determine the design and language to be placed on the merchandise
- Verify that the design conforms with Cal Poly trademark licensing
- Verify that the preferred vendor is currently licensed with CLC (www.clc.com)
- Contact licensed vendor to obtain a written quote and proof of the design
- Complete "Student and Internal Request to use Cal Poly Name" form in the Epicenter and the Trademark and Licensing Office

**Club**  
Obtain University Approval
- Attach proof of design, provided by vendor, to the "Student and Internal Request to use Cal Poly Name"
- Submit documents to the Office of Trademark Licensing (located in the El Corral Bookstore), attention Kim Shank

**Office of Trademark Licensing**  
Review and approve request
- Review use of proper name, logo, mark, etc.
- Review content of merchandise
- Verify vendor licensing
- Return (approved or denied) request to the club's mailbox in the Epicenter

**Club**  
Finalize order
- Verify written approval on request form
- Work with vendor to make any necessary revisions/adjustments to original design
- Obtain revised quote (if necessary)

**ASI Club Services**  
Final steps to ensure payment
- Process invoice and issue check to vendor

**Club**  
Final club steps to ensure payment
- Receive product and obtain final invoice
- Submit final invoice to ASI Club Services

**ASI Club Services**  
Process Purchase Order Request
- Review documentation, create Purchase Order, reserve funds, obtain appropriate authorizations
- Fax completed Purchase Order to vendor

**Club**  
Request Purchase Order (PO)
- Complete Payment Request Form for a PO
- Obtain appropriate signatures
- Attach quote from vendor
- Attach approved Student and Internal Request to Use the Cal Poly Name Form

NOTE: Steps 1-4 must be completed in order to pay a vendor or reimburse an individual for payment
CALIFORNIA POLYTECHNIC STATE UNIVERSITY is the owner of all rights, title and interest in and to the following Indicia, which includes trademarks, service marks, trade names, designs, logos, seals and symbols.

In addition to the Indicia shown above, any Indicia adopted hereafter and used or approved for use by CALIFORNIA POLYTECHNIC STATE UNIVERSITY shall be deemed to be additions to the Indicia as though shown above and shall be subject to the terms and conditions of the Agreement.
Ordering Apparel

- Review the licensing flow-chart
- Nike Orders placed through Megan receive a Club Sport discount
  - There is a 5% processing fee which goes to Sport Club Council (total discount, 37-38%)
  - Contact her early in the process to receive more information
- Before ordering screen-printing, embroidery, or apparel orders, make sure your club has enough money in your account
Scheduling

Practices

• Send all practice requests to Megan (mkwang@calpoly.edu) by specified dates**
  prior to each quarter
• When sending in requests, please note first, second, and third choices for practice times
  ○ Include: Venue/Field, Days of the Week, Times
• Block Schedules
  ○ block schedules will be emailed to presidents
  ○ There are two block schedules for club sports: one being allotted specifically for club sports, the second is available after all scheduling is done and the open times are up for grabs.
  ○ The second set of scheduling still follows the same priority ranking
• Megan will contact the president as soon as its approved

**Specified dates will always be emailed to presidents.
E-Plan

E-Plans are needed for all off campus events, events in large venues, and any events involving, contracts, paid service providers, travel, alcohol, ASI staffing.

E-Plan—On Campus

- Check master calendar at events.calpoly.edu. The earlier you make the e-plan, the more likely you are to get the time/date
- Turn in E-Plans as soon as you know the date(s) you want. The longer you wait, the higher the chance the venue you want will be taken.
- E-plan must be submitted 2 weeks in advance of the date requested
- Visiting team waivers need to be signed by all opposing athletes
  - See event management category
- Any tournaments need to approved by the SCUC, so the earlier the better

E-Plan—Off Campus

- Turn in E-Plans at least two weeks early
- Turn in Travel Paperwork at least two weeks early
E-Plan Long Forms must be submitted to the UU Epicenter and approved by the Club President and Club Advisor at least 14 days prior to an event. The E-Plan Long Form can be used for all on or off campus events and must be used in the following instances:

- Off-campus events
- Events in large venues (Chumash Auditorium, UU 220, UU Plaza stage, Performing Arts Center, Spanos Theater, Mott Complex)
- Events involving: Contracts, Paid Service Providers, Travel, Alcohol, ASI Staffing

E-Plans will not be approved for wine tasting, helicopter rides, events on open bodies of water or at private student residences. This E-Plan is negated if activities occur that are not included on this form.

Organization:
Sport Club Council

Account #: 81530

*Event Name:

*Head Count/Anticipated Attendance:

**Contact Information:**

*Advisor Name:
Everette Brooks

*Phone #: 8057567009

*Email: ebrooks@calpoly.edu

*Event Contact Name:

*Phone# (Numbers Only):
Cal Poly Email: mkwang@calpoly.edu

**Event Details:**

Dates:
*Is this a multiple date E-Plan? **Yes** No

*1st choice date:

2nd choice date:

3rd choice date:

**Event Time:**

*1st choice event start time:

2nd choice event start time:

3rd choice event start time:

1st choice event end time:

2nd choice event end time:

3rd choice event end time:

1st choice take-down time:

2nd choice take-down time:

3rd choice take-down time:

**Location:** on-campus off-campus both (on-campus and off-campus)

*Is this event open to the public? **Yes** No

*Will your organization be selling any non-edible items (shirts, calendars, etc)? **Yes** No

*Will your organization be showing a film or video? **Yes** No

*Will there be any paid service providers, (including speakers), at the event? **Yes** No

*Will your organization be entering into any contracts? **Yes** No

*Will alcohol be served at this event? **Yes** No

*Would you like the event description to be publicized on events.calpoly.edu? **Yes** No

**Sandwich Boards**

Sandwich boards shall be no larger than 2x4. The signs cannot be on display for more than seven days prior to event and must be removed immediately following the event.
All Cal Poly clubs displaying boards must attach a copy of their E-Plan confirmation to the board.

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY):</th>
<th>Thy-fold Board Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ UU Plaza ☐ Dexter Lawn ☐ Via Carta Mall ☐ Ag Circle</td>
</tr>
<tr>
<td>Start Date:</td>
<td></td>
</tr>
<tr>
<td>End Date:</td>
<td></td>
</tr>
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All Cal Poly organizations are responsible for abiding by University policies pertaining to signage (signs, posters, flyers, banners, etc.) A copy of this policy is available at http://policy.calpoly.edu/CAP/100/CAP140.htm. See sections 144.6 and 144.7 of the Campus Administrative Policy.

Additional Comments: Please provide any additional comments you would like Facility Scheduling to take into consideration i.e. event itinerary, alternate locations

Clicking the checkbox below indicates that I have reviewed the Cal Poly Club Handbook, and that I take responsibility to ensure that the activity my organization is sponsoring, described on this form, will abide by all University and ASI policies and procedures. Campus Administrative Policies can be viewed at policy.calpoly.edu. This E-Plan is negated if activities not included on this form occur.

Contact Signature ☐

If you are planning on printing this E-Plan to obtain a 'wet' signature from your advisor, it must first be saved. This E-Plan Long Form must be approved by the Club President and Club Advisor 14 days prior to the event date.
Travel

Travel paperwork is needed for any off campus events.

**Travel**

- 30 days before event: Travel Leader files an E-plan
- 14 days before: Travel Leader meets with Travel Coordinator in SL&L
- 7 days before: Travel Request/Risk Management Plan due to SL&L
- 5-7 days before: Student Life staff checks Travel Roster
- 3-5 days before: Student Life staff notifies Travel Leader of ineligible athletes
- 1-2 days before: Travel Leader checks out Travel Binder

**Trip Occurs**

- 1 day after: Travel Leader must notify Sport Club Coordinator of club’s safe return
- 48 hours after: Travel Leader must return Travel Binder to Student Life & Leadership

**Forms**

- Travel CT-1--Travel Request - one per event
- Travel CT-2--Roster - one per event
- Travel CT- 4a/b--Travel Plan - one per event
- Travel CT-5--Sign Out - print and leave blank
- Travel--Incident and Accident Report - print and leave blank
- Vehicle and Non-vehicle Accident Report Form - print and leave blank
- Travel CT-3--Emergency Card - one for EACH participant
- Release Agreement - one for EACH participant (If under 18)
- Air Travel Release Form - one for EACH participant
CAL POLY STUDENT TRAVEL REQUEST

Form CT-1

Club Name: ___________________________  Account #: ___________________________

Departure Date: ___________________________  Time: ___________________________

Return Date: ___________________________  Time: ___________________________

Destination: ___________________________

Contact Information

Club Officer's Name: ___________________________  Club Advisor's Name: ___________________________

Phone Number: ___________________________  Phone Number: ___________________________

E-mail: ___________________________  E-mail: ___________________________

Purpose of trip: ___________________________

Officer Signature: ___________________________  Date: ___________________________

Advisor Signature: ___________________________  Date: ___________________________

Cross-reference with University Travel Form 1-A
http://www.afd.calpoly.edu/FiscalServices/Forms/TRVL-1aform.pdf
### CAL POLY STUDENT TRANSPORTATION REQUEST

**Club Name:**

**Departure Date:** [ ] **Return Date:** [ ]

**Destination:**

#### DRIVER (S)

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<tr>
<th>Student's Name</th>
<th>Contact Number</th>
<th>Have the following forms been completed?</th>
<th>Personal Vehicle Authorization</th>
<th>Volunteer Form</th>
<th>Driving Vehicle A, B, C</th>
<th>Driving on Cal Poly Business</th>
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*Please continue to the next page for passenger roster.*
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<th>Student's Name:</th>
<th>Contact Number</th>
<th>Riding in Vehicle A, B, C</th>
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</table>
CAL POLY STUDENT TRAVEL
EMERGENCY INFORMATION CARD

Club Name: 

Dates of Travel: 

Destination: 

---

**Student Information**

Student's Name: 

Student ID #: 

Local Address: 

Phone Number: 

E-mail: 

---

**Emergency Contact Information**

Name: 

Relationship: 

Phone Number: 

E-mail: 

---

**Insurance and Vehicle Information**

Medical Insurance Company: 

Name of Policy Holder: 

Policy Number: 

Phone Number: 

Auto Insurance Company: 

Driver's License #: 

Policy Number: 

Expiration Date: 

Vehicle Make: 

Vehicle Model: 

Vehicle Year: 

Vehicle Color: 

Vehicle License Plate:
CAL POLY STUDENT TRAVEL PLAN

Form CT-4 a/b
(domestic, non-aircraft travel)

Club Name: __________________________ Account #: __________________________
Trip Title/Purpose: __________________________ Distance: __________________________
Departure Date: __________________________ Return Date: __________________________
Expected travel & site conditions: __________________________

Contact Information

Travel Leader's Name: __________________________ Club Advisor's Name: __________________________
Cell Phone Number: __________________________ Cell Phone Number: __________________________
Home Phone Number: __________________________ Home Phone Number: __________________________
E-mail: __________________________ E-mail: __________________________

Comprehensive Itinerary

Means of travel: __________________________
Destination: __________________________
Destination Contacts: __________________________
Alternate Destination: __________________________
Travel Equipment: __________________________
Lodging: __________________________
CAL POLY STUDENT TRAVEL PLAN

I have read and understand the Athlete Code of Conduct
☐ Yes  ☐ No

I have read and under the Health and Safety Instructions
☐ Yes  ☐ No

The identified risks of this activity include bodily injury, possibly resulting in disability, death, or damage to personal property.

I have read the statement above and understand the content.
☐ Yes  ☐ No

Emergency Procedures

In case of an emergency, please do the following:
1. Call 911
2. Contact local emergency personnel
3. Contact advisor.

I have read the instructions above and understand the content.
☐ Yes  ☐ No

Emergency contacts (list local numbers, not 911)

Police:

Fire:

Hospital:
CAL POLY STUDENT CLUB TRAVEL
SIGN-OUT AGREEMENT

Activity Title: 

Course: 

Date: 

Time: 

Location: 

Name: 

Departure: 

Date: 

Time: 

Location: 

I have identified the risks of leaving the club travel activity and agree to accept those risks and agree to hold the University harmless for consequences of my own acts of negligence as well as the negligent acts of others.

Signed By ________________________________

Current Date 10/15/12

Cross-reference with University Travel Form 1-A
http://www.afd.calpoly.edu/FiscalServices/Forms/TRVL-1aform.pdf
CONFIDENTIAL–ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This report should be completed and distributed within 48 hours of the incident. Attach any photos, maps, additional pages or diagrams.

INCIDENT/ACCIDENT REPORT
(Other than Motor Vehicle or Employee/Volunteer Injury)

INJURY/ILLNESS, DAMAGE on Campus
or at a University Activity

INJURED PARTY/PERSO N INFORMATION

<table>
<thead>
<tr>
<th>INJURED PARTY'S NAME (Last, First, M.I.)</th>
<th>BIRTH DATE</th>
<th>DRIVER'S LICENSE NUMBER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INJURED PARTY'S MAILING ADDRESS (Street, City, State, Zip)</th>
<th>HOME TELEPHONE NUMBER</th>
<th>WORK TELEPHONE NUMBER</th>
</tr>
</thead>
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</tbody>
</table>

NATURE AND EXTENT OF APPARENT/CLAIMED INJURY (Describe incident in detail on reverse.)

PHOTOGRAPHS TAKEN IF YES, BY WHOM

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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FIRST AID GIVEN IF YES, BY WHOM

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>

PROPERTY DAMAGE/LOSS INFORMATION

PROPERTY OWNER'S NAME (Last, First, M.I.)

<table>
<thead>
<tr>
<th>HOME TELEPHONE NUMBER</th>
<th>WORK TELEPHONE NUMBER</th>
</tr>
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<table>
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<tr>
<th>PROPERTY OWNER'S MAILING ADDRESS (Street, City, State, Zip)</th>
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<th>NATURE AND EXTENT OF DAMAGE / LOSS (Describe in detail on reverse of this page)</th>
</tr>
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</table>

WITNESS INFORMATION

<table>
<thead>
<tr>
<th>NAME (Last, First, M.I.)</th>
<th>ADDRESS (Street, City, State, Zip)</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

WORK

HOME

DRIVER'S LICENSE NUMBER:

1. DRIVER'S LICENSE NUMBER:

2. DRIVER'S LICENSE NUMBER:

REPORTING CAMPUS OFFICE, DEPARTMENT, PROGRAM NAME:

REPORTING EMPLOYEE'S NAME AND TITLE (Print or Type)

REPORTING EMPLOYEE'S SIGNATURE

REPORTING EMPLOYEE'S SUPERVISOR'S NAME AND TITLE (Print or Type)

TELEPHONE NUMBER

TELEPHONE NUMBER

POSITION/TITLE

TELEPHONE NUMBER

DISTRIBUTION: ORIGINAL–RISK MANAGEMENT OFFICE, BLDG 1 Room 128
COPY—FAX COPY IMMEDIATELY TO (805) 756-6500 (Risk Management)
COPY—RETIAINED BY REPORTING DEPARTMENT, COLLEGE/DIVISION/PROGRAM OFFICE
INCIDENT/ACCIDENT REPORT
(Other than Motor Vehicle or Employee/Volunteer Injury)

USE ADDITIONAL SHEETS AS NECESSARY

DESCRIBE SPECIFIC LOCATION OF THE INCIDENT (IF NEEDED ATTACH MAPS AND MARK LOCATION)

SPECIFIC DETAILS TO INCLUDE: NATURE OF INJURED PERSON WITH THE UNIVERSITY (IF AN EMPLOYEE OR REGISTERED VOLUNTEER STOP AND CONTACT 805-756-5427).

WAS THIS A CLASS, FIELD TRIP, FREETIME, LAB, LECTURE PLEASE DESCRIBE GIVE ALL DETAILS AS TO TITLE OF CLASS, FIELD TRIP, LAB AND THE SPECIFIC TIME, etc.

ADDITIONAL TOOLS, MATERIALS (SOLID, LIQUID, GAS, ETC), OR EQUIPMENT IN USE DURING THIS TIME? PLEASE GIVE DETAILS

WAS SAFETY EQUIPMENT IN USE?

☐ YES ☐ NO

If “yes” please specify

WAS SAFETY TRAINING PROVIDED PRIOR TO INCIDENT

☐ YES ☐ NO

If “yes” please describe.

DESCRIBE ANY SAFETY TRAINING THAT WAS GIVEN BEFORE INCIDENT

DESCRIBE ANY CONDITIONS (INSIDE OR OUTSIDE) THAT MAY HAVE CONTRIBUTED TO THE INJURY

WAS THERE A RELEASE AGREEMENT SIGNED BEFORE THE ACTIVITY?

☐ YES ☐ NO

If “yes” please send the release with this report to Risk Management Office – Building 1 Room 128

UNIVERSITY EMPLOYEES, (FACULTY, STAFF, STUDENT ASSISTANT, UNIVERSITY VOLUNTEER) FOUNDATION EMPLOYEE, AND OR ASI EMPLOYEES ARE TO REPORT INJURIES TO THEIR SUPERVISOR, REQUEST AND COMPLETE WORKERS COMPENSATION REPORT OF INJURY FORM FROM THEIR PERSPECTIVE EMPLOYERS, AND RETURN IT TO THE APPROPRIATE HUMAN RESOURCE DEPARTMENT.
STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2000)

Accident Previously Reported to ORIM? (If Yes, give date)

Yes  No

Driver’s License No.

Accident Date

Time

Employing Department

Agency Billing Code

Was vehicle being used on official State business? (If No, attach explanation)

Yes  No

Date driver last completed state defensive driver training

Month/Year  Not Taken

Job Title

Agency Document No. (Optional)

Business Telephone

Vehicle License Number

Vehicle Year, Make, Model

Vehicle Owner

Department Owned  DGS Pool  Dept. Vehicle No. (Optional)

Rental  Employee Owned

If Department Owned or Rental, enter owner’s name

Describe damages to state vehicle

Estimated repair cost

Accident Location (Address/Area)

Road Conditions

Weather Conditions

(City/State)

Traffic Conditions

How fast were you driving?

Est. Speed of Other Car

Police Report Made

Yes  No

Name and Address of Investigating Agency

Agency

CHP  Other

Driver’s Name

Age / DOB

Vehicle License Number

Vehicle Year, Make, Model

No. of passengers

Drivers License No.

Home Telephone

Work Telephone

Registered Owner

Driver’s Address (Street, City, State, Zip Code)

Owner’s Address

Home Telephone

Work Telephone

Briefly describe damages to other vehicle or property

Name and Address of other party’s insurance

Injured

Name

Age

Address

Hospital

Name

Age

Address

Hospital

Witnesses

Name

Telephone

Address

Name

Telephone

Address

Name

Telephone

Address

Vehicle Passengers

Name

Address

Name

Address

Name

Address

Name

Address

(Continue on reverse)
**VEHICLE ACCIDENT REPORT**

**ACCIDENT DETAILS - DESCRIPTION**

Fully state how accident occurred (Give details, attach additional sheets if necessary).

**ACCIDENT DETAILS - DIAGRAM**

Number State vehicle as 1, other vehicle(s) as 2, 3, etc.

Show pedestrian by O

Show direction of travel as follows:

Before accident

After accident

Give names or numbers of streets or roads

Indicate Points of Compass
N. S. E. W.

**DRIVER**

<table>
<thead>
<tr>
<th>Driver's Name</th>
<th>Age/DOB</th>
<th>Vehicle License Number</th>
<th>Vehicle Year, Make, Model</th>
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**DRIVER'S LICENSE NO.**

**HOME TELEPHONE**

**WORK TELEPHONE**

**REGISTERED OWNER**

**ADDRESS** (Street, City, State, Zip Code)

**HOME TELEPHONE**

**WORK TELEPHONE**

**BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY**

**NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER**

**ADDITIONAL PASSENGER/PATIENTS**

<table>
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<tr>
<th>Name</th>
<th>Age</th>
<th>Address</th>
<th>Hospital</th>
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The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. (The reviewing officer is to explain any exception.) Attach extra pages as necessary.

Employee Signature and Date

Reviewing Officer Signature (Supervisor or Safety Coordinator)

Type Name and Title of Reviewing Officer

Telephone Number of Reviewing Officer
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity:

Activity Date(s) and Time(s):

Activity Location(s):

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California Polytechnic State University, the Cal Poly Corporation, and their employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, including claims of the University’s negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s).

Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.

I agree to hold the University harmless from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Participant Signature: __________________________

Participant Name (print): __________________________ Date: __________

If Participant is under 18 years of age, the following page is also required.
RELEASE OF LIABILITY, PROMISE NOT TO Sue, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Minor Participant's Name                                      Date
Identified Risks of Participation

Activity Title

Date and Time

Risks of Air Travel: Your participation in this activity involves air travel. Air travel involves risks and could result in damage to property, injury to persons and death. The California State University assumes no liability for damage, injury, and death, which may occur during air travel required by participation in this program. Your participation in this program is voluntary and you participate at your own risk.

Initial
VOLUNTEER IDENTIFICATION FORM

DEFINITION: A volunteer is an individual who performs work or provides services to the University without remuneration of any kind. Volunteers must meet any license requirements and CSU requirements for defensive driver training and a good driving record in order to operate any vehicle on University business for their assignments. Volunteers may be covered by the University's workers' compensation and liability coverage programs. All forms must be on file prior to the effective date of the volunteer assignment.

Section I: Position Information to be Completed By Department (type or print legibly)

College/Division: Student Affairs
Department: SL&L
Supervisor Name / Title: Everette Brooks / Club Coordinator
Supervisor Ext: 6-7009

Volunteer Name (Last, First, MI): Volunteer Job Title: Effective Date: (V1 form needed for each fiscal year) End of Assignment: (duration NOT to overlap fiscal years)
6/30/13

Volunteer Status:
☐ Current Cal Poly Employee: ☐ ASI ☐ Corporation ☐ State ☐ Cal Poly Student (not being paid for this assignment) ☐ Community Member

Summary of Duties (Duties of the volunteer assignment must not coincide with any non-exempt Cal Poly position the person may currently hold):

Will the volunteer be listed as the “Instructor of Record” on the Schedule of Classes? ☐ NO ☐ YES List course(s) to be taught: __________
- If yes, completion of the “API01” form is also required - contact Academic Personnel (6-2844) for additional instructions.

Volunteers not identified above as the “Instructor of Record” who need access to Cal Poly’s information and technology resources must complete the Affiliated Person Account Request Form and adhere to its written agreement.

Is a Professional License or Certificate required to perform these duties?: ☒ NO ☐ YES List: __________

Fingerprinting / Background required: ☒ NO ☐ YES (If yes, contact Human Resources (6-2236) for process information and insert chart field string: __________)

Temporary ID Card authorization: ☒ NO ☐ YES (for Community Members only) Who is eligible for a PolyCard?

Will the volunteer drive a State vehicle on University business? ☒ NO ☐ YES (complete the “Request to Operate Vehicles” form)
Will the volunteer drive a personal vehicle on University business? ☐ NO ☐ YES (complete both the “Authorization To Use Private Vehicle” and the “Request to Operate Vehicles” forms)

Will the volunteer travel on University business? ☐ NO ☐ YES (may be entitled reimbursement per the Travel Guidelines)

Is this assignment strictly for the purpose of driving a personal, leased, or University owned vehicle on official university business (e.g. field trip)? ☒ NO ☐ YES

Is the volunteer over the age of 18? ☐ YES ☐ NO (If no, must comply with provisions below and provide date of birth (MM/DD/YYYY): __________
- Minors must obtain certificates of age or permits to work prior to the appointment date and work hour limitation apply.
- Minors performing delivery work must do so by foot, bicycle and public transportation.
- Minors may NOT work in occupations that involve power machinery, kitchen work, and certain work in connection with the maintenance of cars, trucks, machines or equipment, or work in warehouses.

Section II: Information to be Completed By Volunteer

Preferred Name (Last, First, MI): Telephone Number: Address: City: State / Zip
Emergency Contact (Last, First, MI): Telephone Number: Address: City: State / Zip

Are you receiving academic credit* for volunteering? ☒ NO ☐ YES List course: __________

Have you ever been convicted of a misdemeanor or felony as an adult? ☒ NO ☐ YES

If yes, please list circumstance(s) and date(s): __________

* Students enrolled in CSU Nursing, Allied Health, Social Work, or Education credential programs are typically covered by the Student Professional Liability Insurance Program.

Volunteer Acceptance Statement and Signature: This is to acknowledge that I desire to volunteer my services, performing the duties listed above, and that those services rendered by me will be at the direction of the above named supervisor and will not coincide with any non-exempt Cal Poly position that I hold. I understand that I will not be compensated for these services. Further, I acknowledge that I serve at the pleasure of my supervisor.

Signature of Volunteer: ___________________________ Date: __________

Section III: Signature Authority

Department Head / Designee on file (Print): Dean / Division Head (Print):
Everette Brooks - Coordinator, Clubs & Organizations Stephan Lamb - Director, Student Life and Leadership

Signature: ___________________________ Date: __________
Signature: ___________________________ Date: __________

Department signatures certify form completion. Make a copy for the volunteer and departmental files.

Scan and email the completed form to riskmanagement@calpoly.edu or hand-deliver to Bldg. 1, Room 128
Incomplete forms will not be accepted and will be returned to the department. All forms must be on file prior to the effective date of the volunteer assignment.

For additional information and resources, please visit http://www.afd.calpoly.edu/csprm/

Revised 6/26/2011
STATE OF CALIFORNIA

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

This approval must be renewed annually.

STD. 281 (REV. 3-95)

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law ($15,000 for personal injury to, or death of one person; $30,000 for injury to, or death of, two or more persons in one accident; $5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.

2. Adequate for the work to be performed.

3. Equipped with safety belts in operating condition.

4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

<table>
<thead>
<tr>
<th>DRIVER'S LICENSE NUMBER</th>
<th>STATE</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE'S SIGNATURE</th>
<th>PRINT NAME</th>
<th>DATE SIGNED</th>
</tr>
</thead>
</table>

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

<table>
<thead>
<tr>
<th>APPROVING AUTHORITY SIGNATURE</th>
<th>TITLE</th>
<th>DATE APPROVED</th>
</tr>
</thead>
</table>

III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

<table>
<thead>
<tr>
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CAL POLY ENVIRONMENTAL HEALTH & SAFETY
REQUEST TO OPERATE VEHICLES ON UNIVERSITY (STATE) BUSINESS

REQUESTOR INFORMATION. (Print legibly or type)

PHOTOCOPY OF DRIVERS LICENSE IS REQUIRED TO ACCOMPANY THIS FORM

Requestor Name: ___________________________________________  Date: __________

FIRST            M

Department: ___________________________ Campus email: @calpoly.edu

CA Driver’s License No.: ___________________________ Expiration Date: __________

Requestor Birth Date: __________

Requestor Campus Phone #: 6-________ Other Phone #: __________

REQUESTOR CERTIFICATION

I certify that:

1. I am in possession of a valid California or other State driver’s license (see attached copy). I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve-month period. I authorize Environmental Health & Safety to request a copy of my driving record from the CA DMV to confirm.

2. Operation of any vehicle on University (state) business will be in compliance with applicable laws, policies, regulations and safety requirements.

3. If authorized to operate a vehicle on University (state) business at least once per month regularly throughout the fiscal year, I will complete the online, University Defensive Driver Training Program. Details on taking this training will be emailed to you by Environmental Health & Safety.

4. Vehicles owned, leased or rented by the University will only be used on University business.

5. Separate authorization will be obtained for use of personal vehicles on University business. (See Form 261)

6. Vehicles rented for use on University (state) business will be rented through State or University contracts worldwide, if available. (See State Travel)

7. Any accident in a vehicle being driven on University business will be reported as soon as possible or within 24 hours to Risk Management, (805)756-6755, nights, weekends, and holidays report to University Police, (805) 756-2281.

8. Drivers of vehicles being driven on University Business will file a completed report of Vehicle accident STD 270 with Risk Management within 48 hours. Detailed information and forms can be found at http://www.efd.calpoly.edu/cprim/vehicleaccident.asp.

Requestor's Signature:________________________________________ Date:______________

SUPERVISOR'S AUTHORIZATION

The above named University employee is required to operate vehicles on University (state) business (please check one box):

☑ more than once a month ☐ no more than once per month

I have verified that this applicant possesses a valid California or other State driver's license of appropriate class and I have verified the applicants UNIVERSITY STATUS as checked above.

Authorized By: ____________________________________________ Date: __________

Signature

Print/Type Name: Stephan Lamb Dept. Bldg. & Rm #: 65-217

Print/Type Title: Interim Director – SL&L Dept. Phone: 6-6509

Upon completion of this form, please submit to Environmental Health & Safety, Bldg. 80. EH&S will notify the supervisor if the DMV record does not meet the established criteria for an approved University driver.

Information Security Notice: This document contains Level 1 confidential employee information. Completed forms should NOT be retained in the originating department and must be handled pursuant the Cal Poly Information Classification and Handling Standard.

REV. 10/10
Event Management

To ensure the safety of all Cal Poly Students, Visiting Teams, and the proper...every club sport game requires the staffing of Event Management.
# CAL Poly Student Organization Service Agreement

## Club Contact Information

<table>
<thead>
<tr>
<th>Club Name:</th>
<th>Club Account Number:</th>
<th>Mailbox Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Phone Number:</th>
<th>Contact Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Event Information

<table>
<thead>
<tr>
<th>Event Name:</th>
<th>Event Date:</th>
<th>E-Plan Reference Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Event Start Time:</th>
<th>Event End Time:</th>
<th>Event Location:</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

## Service Information

<table>
<thead>
<tr>
<th>Name of Artist/Speaker/Group</th>
<th>Service Start Time:</th>
<th>Service End Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Services to be provided:</th>
<th>Category (Check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Comedian</td>
</tr>
<tr>
<td></td>
<td>☐ Dance Company</td>
</tr>
<tr>
<td></td>
<td>☐ DJ</td>
</tr>
<tr>
<td></td>
<td>☐ Speaker</td>
</tr>
<tr>
<td></td>
<td>☐ Other:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes/Special Conditions:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Deposit Amount:</th>
<th>Total Amount to Be Paid (minus deposit):</th>
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<tbody>
<tr>
<td>$</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Additional Payment Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

## Payee Information

<table>
<thead>
<tr>
<th>Payee Name:</th>
<th>Business Name:</th>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Street Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Tax Payer Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td>Business Tax ID Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fax Number:</th>
<th>Individual/Sole Proprietor</th>
<th>Corporation</th>
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<tr>
<td></td>
<td>☐</td>
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<table>
<thead>
<tr>
<th>U.S. Citizen?</th>
<th>California Business/Resident, or exempt from California withholding:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ If yes, attach Franchise Tax Board Form 590</td>
</tr>
<tr>
<td>☐ No</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No if no, state visa type and number:</th>
</tr>
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<tbody>
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</tbody>
</table>

## Additional Information

1. This form must be routed to ASI Club Services for approval prior to any service being provided.
2. Out of state vendors may be subject to 7% withholding tax.
3. Any Non-U.S. citizen providing services must fill out appropriate documentation prior to commencing work.
4. All payments will be processed upon the submission of a signed and complete Payment Request Form, Cal Poly Student Organization Service Agreement, and evidence of insurance or University Release Agreement.
5. By signing below I am certifying that the number shown on this form is my correct taxpayer identification number (or that I am waiting for a number to be issued to me), and that all of the information contained in this document is accurate and true.

## Signatures

<table>
<thead>
<tr>
<th>Payee Signature:</th>
<th>Date:</th>
<th>Approval Signature (SL&amp;L or Contracts) Date:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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