**OWU Campus Advisor Agreement Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm I am the advisor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Print Advisor Name) (Print Organization Name)

* **I confirm I am currently an employee of Ohio Wesleyan University.** *Recognized student organization advisors must be full-time employees at Ohio Wesleyan University. Organizations may choose to have a co-advisor and in such case, a Campus Advisor Agreement form is required for both advisors.*
* **I have been informed of the expectations concerning advisors explained in the organization’s constitution.** *The membership agrees to the relationship between the advisor and the group. Details are outlined below.*
* **I agree to assist with the development of the organization and individuals.** *The advisor can serve in many capacities including a mentor, supervisor, teacher, facilitator, and a guide to inform members of University policy and procedures.*

Please indicate the advisor responsibilities and expectations mutually agreed by members and the advisor. Please add any additional responsibilities. Check all boxes that apply.

* Inform and advise students about University policies and procedures
* Attend organization meetings and events
* Meet individually with organization members
* Facilitate officer transition activities
* Help prepare the organization's budget
* Review and edit organization communications
* Provide historical context for the organization
* Share university information with members
* Mediate inter-personal conflict

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Advisor Signature Date

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Club President Signature Date