AFFILIATE ADVISOR
APPLICATION
INSTRUCTIONS

1) Please complete the Affiliate Advisor Application and return it to Heather Miller, Program Coordinator for Student Involvement, located in the Student Government and Organizations Complex on the second floor of the Student Union.

2) FIRST TIME APPLICANTS: After your application has been processed, you will be notified by Certiphi to complete a background check.
   *Certiphi will notify UNC Charlotte once your background check has been processed.

3) You will receive an email from the Student Organizations office approving or denying your Affiliate Advisor application.

For questions, please contact:

Heather Miller
Program Coordinator for Student Involvement
Student Union 212
704-687-7131
hmille40@uncc.edu
AFFILIATE ADVISOR APPLICATION

STUDENT ORGANIZATION:________________________________________________________

APPLICANT AFFILIATE ADVISOR CONTACT INFORMATION

NAME:_______________________________________________________________________

DATE OF BIRTH (MUST BE OVER 18):____________________________________________

HOME ADDRESS:________________________________________________________________

PHONE NUMBER (HOME):___________________________(CELL):_______________________

EMAIL ADDRESS:________________________________________________________________

☐ FIRST-TIME AFFILIATE ADVISOR ☐ RETURNING AFFILIATE ADVISOR

IF PREVIOUSLY AFFILIATED WITH UNCC (FACULTY/STAFF/STUDENT/ADVISOR):

PREVIOUS UNCC ID#:________________________PREVIOUS NINERNET USERNAME:__________

RELEVANT EXPERIENCE/SPECIFIC DUTIES TO BE PROVIDED BY AFFILIATE ADVISOR:

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The University of North Carolina at Charlotte (the “University” or “UNC Charlotte”) permits its registered student organizations to voluntarily register up to two (2) advisors who are not current members of the UNC Charlotte faculty or staff (each such advisor, an “Affiliate Advisor”). As a condition to granting Affiliate Advisor status, the University requires the annual submission of this application for each potential Affiliate Advisor. Approved Affiliate Advisors will be granted a University email account, Affiliate ID Card, library privileges, the opportunity to participate in intramural sports, and the opportunity to purchase at approved rates (1) access to the University fitness center and (2) a UNC Charlotte parking permit.

Section A. Obligations of Affiliate Advisor (to be filled out by potential Affiliate Advisor).

I, _____________________________(name of applicant), agree to the following terms and conditions related to my potential service as an Affiliate Advisor to the student organization (the "Organization") listed above:

- (First-time Affiliate Advisors only) I will submit to a criminal background check to be reviewed by the University, the cost of which shall be borne by myself or the Organization, and understand that the results of the criminal background check must be deemed satisfactory by the University in order to serve as an Affiliate Advisor.

- (First-time Affiliate Advisors only) I will attend at least one (1) Advisor Training Workshop presented by the Office of Student Activities, and will not be granted Affiliate Advisor status until I have done so.
• (Returning applicants only) I have not had any criminal convictions (other than minor traffic violations) that have not been reported to the Office of Student Activities since my previous application.

• I will report any criminal convictions (other than minor traffic violations) to the Associate Director of Student Activities for Student Organizations.

• I will abide by all University rules and policies, as well as local, state and federal laws and the reasonable direction of University officials acting in performance of their duties. I agree to hold UNC Charlotte harmless and indemnify the University for any losses, damages, costs, expenses and penalties it incurs as a result of my negligent or other wrongful acts.

• I will provide evidence of current health insurance coverage before participating in any University intramural events.

• I will not misrepresent my affiliation with the University.

• I understand that the UNC Charlotte student organizations are to be operated and managed by its student members, and that if I am granted Affiliate Advisor status my role with the Organization will be of an advisory nature.

• I understand the privileges and recognition granted to Affiliate Advisors are being provided at the sole discretion of UNC Charlotte, and that they may be revoked at any time by the University, with or without cause or notice. In the event the University revokes my Affiliate Advisor status without cause, it will refund any applicable parking or fitness center fees to me on a pro rata basis.

Applicant Affiliate Advisor Name (please print): ________________________________

Signed: ___________________________ Date: ________________

Section B. Obligations of Organization (to be filled out by Organization).

On behalf of _____________________________(name of Organization), we agree to the following terms and conditions related to the potential Affiliate Advisor listed on this application:

• The Organization understands that the University does not require its student organizations to have an Affiliate Advisor, and is voluntarily submitting this application because it believes that the applicant Affiliate Advisor will provide a valuable service to the Organization consistent with its constitution.

• The Organization will pay for the cost of any required criminal background checks that are not otherwise paid for by the applicant Affiliate Advisor.

• If the applicant Affiliate Advisor is approved by the University, the Organization grants to him/her access to updates and information about the Organization from the Office of Student Activities.

• The Organization understands that it will be held responsible for the actions of an Affiliate Advisor as though the Affiliate Advisor was a member of the Organization.

• The Organization understands the privileges and recognition granted to Affiliate Advisors are being provided at the sole discretion of UNC Charlotte, and that they may be revoked at any time by the University, with or without cause or notice.

Student Organization President Name (please print): ________________________________

Signed: ___________________________ Date: ________________