Advisor Confirmation Form Instructions:
Thank you for your interest in serving as an advisor to a student organization. By fulfilling this role, you will help enhance the student experience on campus and ensure the success of the organization you serve. The information outlined below is important for your role as an advisor. Completion of this form will serve as your intention to assume this role.

Please review the following information thoroughly and complete each portion of this form on pages one and two. Please keep a copy for your records and return the original to the student organization leader who will upload a scan of this document on their Garnet Gate online registration form. This form and the additional components of the student organization’s registration will be reviewed and by Leadership and Service Center staff members. Upon the fulfillment of all requirements, the student organization will receive notification of approval. Should any questions arise, contact the Leadership and Service Center at 803-777-7130 or lsc@sc.edu.

Advisor Qualifications & Responsibilities:
Per the University policy for Student Organizations (STAF 3.10), all student organizations must have an advisor who is a full-time faculty or administrative staff member at the University of South Carolina – Columbia. Part-time faculty and staff, registered religious workers and military personnel may serve as an advisor for related organizations with the approval of the Department of Student Life. Graduate students are not eligible to serve as advisors to student organizations. To determine eligibility for potential advisors who are not full-time faculty or administrative staff members, student organizations should email lsc@sc.edu.

As defined by the Advisors for Student Organizations policy (STAF 3.01) the responsibilities and scope of authority are:
1. Complete any and all requirements set forth by the Leadership and Service Center (i.e. trainings, workshops, etc.) as referenced within the student organization handbook.
2. Become familiar with, understand, and advise the organization to abide by all university policies and procedures.
3. Act in an advisory capacity, as opposed to a directive relationship in the organization through frequent interactions with the officers and members.
4. Sign or co-sign appropriate university forms, such as those for use of campus facilities, purchase orders, travel requests, or the registration of visiting speakers or lectures.
5. Contact the Leadership and Service Center when questions or problems arise.

Information and resources to assist you in fulfilling your responsibilities as an advisor can be found in the Student Organization Handbook, located at http://sc.edu/leadershipandservice.

Advisor Classification:
Fulfilling the duties of a student organization advisor at the University of South Carolina may constitute one of two classifications – a. volunteer service to the university or b. fulfillment of university job duties or service to the university within the scope of employment. Please read through each description below and select the classification that describes your role with the student organization.

- **Volunteer service to the university** - For faculty or administrative staff employees whose role as advisor is not within the scope of your university employment, your work fulfilling the responsibilities of a student organization Advisor constitutes volunteer service with the University of South Carolina without monetary compensation. As a volunteer with the university, we require you to submit your supervisor’s information so we can notify them of your commitment to volunteer with the university in this capacity. Following the receipt and processing of the attached advisor’s confirmation form, we will email your supervisor to notify them of your intention to serve as a volunteer.

- **Fulfillment of university job duties or service to the university within the scope of employment** – If you are an administrative staff employee and your role as advisor is included within your official job duties or if you are a faculty employee and your role as advisor is used as consideration for your annual evaluation, tenure, or promotion; visit [http://bit.ly/uofsc-org-advisor-classification](http://bit.ly/uofsc-org-advisor-classification) to complete an additional required step to this advisor confirmation process.
I, __________________________________________ (Print Full Legal Name), agree to serve as the advisor to ________________________________________ (Student Organization Name) until the next renewal period as specified in STAF 3.10, pending any decision made by myself, the organization, or the university which results in me no longer serving in this capacity. I confirm I will contact the Leadership and Service Center immediately if any situation occurs that results in my inability to serve in this capacity. I confirm I meet all requirements to serve as an advisor (faculty or administrative staff) and will notify the Leadership and Service Center immediately if my eligibility or desire to serve in this capacity changes.

If my work with the student organization is outside the scope of my USC employment, I understand that there may be risks inherent in the volunteer work in which I will be participating. I acknowledge and assume these risks and accept that my participation may result in losses or personal injury. I also acknowledge and assume monetary responsibility for any such losses or personal injury. Further, as a volunteer I agree now and forever to waive, release, hold harmless, defend, indemnity, and discharge the University of South Carolina and its employees, servants, agents, officers, trustees, and other affiliated persons or entities from any and all claims, injuries, causes, actions, liability, demands, losses, legal or equitable, of any kind whatsoever, known or unknown, foreseen or unforeseen, including all legal fees and expenses, to include attorney’s fees and court costs, arising out of, or in any way related to any loss or damage to property, injury, illness, disease, loss of services, medical bills, charges, or otherwise, including Death, which may arise out of, or in any way be related to, my volunteer activities.

I agree and understand that if I am a volunteer with the University of South Carolina, I am not covered under the State Workers Compensation Act, nor does the University provide medical or health insurance coverage for me. As a result, if I am injured while serving as a volunteer, I cannot be compensated or reimbursed for medical expenses incurred through the State Workers Compensation Fund. Additionally, the University does not provide primary comprehensive and collision coverage for personal vehicles. Consequently, I may wish to consider securing adequate health, accident and automobile insurance to cover myself while performing my duties as a volunteer. I agree to be personally and completely liable for any expenses including, but not limited to, medical or health care expenses for medical treatment, illness, or condition, incurred for or on my behalf. I consent and give the University and any others associated with the University my permission, in case of accident or injury, to administer standard First Aid and to arrange for transportation to a medical facility. If the volunteer activity involves the use of chemicals, I agree to complete University-sponsored Chemical Laboratory Safety training program before starting the activity. If the activity involves generation of hazardous waste, I also agree to complete University-sponsored Hazardous Waste training.

Advisor Information & Signature:

Employee Classification: How long have you served as an Advisor for this organization?
☐ Faculty ☐ Administrative staff ☐ < 1 year ☐ 1 year ☐ 2 years ☐ 3+ years

University Position Title: ____________________________ Campus Email: ____________________________

College/Department: ____________________________ Campus Phone: ____________________________

Supervisor’s Name: ______________________________ Supervisor’s Email: ____________________________

By my signature below, I acknowledge that I have read, understand, and agree to the policies and procedures for student organization advisors outlined in this document, university policy, and the Student Organization Handbook. Additionally, I confirm that I have completed each portion of this form on pages one and two.

Advisor’s Signature: ____________________________ Date: ____________________________

USC ID (letter followed by 8 digits): ____________________________

All portions of this form and a signature are required. Incomplete forms or forms with an electronic signature will not be accepted. Both pages of this form must be scanned and submitted within the organization’s Garnet Gate registration.