

General Student Organization Volunteer Advisor Agreement Form

General Student Organizations (GSO) are student organizations that have sought to be registered by the University. GSOs are independent legal entities from the University, have no delegated authority from the University, are not under the supervision of the University, and do not perform functions on behalf of the University. GSOs are required to comply with all Federal, State, & Local Laws, Board of Governor's Policies, as well as all UCF Regulations, Policies & Procedures, including but not limited to the Golden Rule Student Code of Conduct and the Student Organization Conduct Code.

GSOs must be comprised exclusively of UCF students, unless granted exemption based on RSO policy. GSOs, upon completion of registration requirements, receive certain privileges as outlined in the Registered Student Organization Policy that includes operating, meeting, advertising, and participating in activities at the University of Central Florida. General Student Organizations are also eligible to submit funding requests through Student Government. In addition, GSOs are required to register annually and agree to abide by all relevant policies and procedures established by the University regarding General Student Organizations.

The University of Central Florida does not require advisors for General Student Organizations. **UCF faculty and staff members who agree to serve as an advisor to a GSO are volunteers for the GSO and are not protected by UCF liability coverage for any cause of action arising out of their affiliation or interaction with the GSO.** Even when serving as volunteers, the University of Central Florida expects advisors to understand and support all policies related to Student Organizations.

By signing below, you agree to serve as an advisor to the Registered Student Organization below and agree to or acknowledge the following:

- I am acting as a volunteer in this capacity, no matter what my other association(s) with UCF, and knowingly accept responsibility in this capacity. I am not automatically covered under university liability insurance related to this role.
- I will obtain an appropriate level of experience, resource information, and knowledge related to the mission, purpose, and activities of the organization.
- I will complete Campus Security Authority (CSA) training annually.

Name of Student Organization: _____

Advisor Name: _____

Advisor Signature: _____

Advisor Email: _____

Advisor Phone Number: _____

This page must be PRINTED/PDF, SIGNED, and UPLOADED to this form submission.

Incomplete forms will be denied. To return to your forms 'in progress' navigate to Your Name-- Submissions-- Organization Registration (third tab on the right), then click on 'Submit for Approval.' Incomplete/incorrect forms will be denied.