STUDENT GOVERNMENT ASSOCIATION
CLUB OFFICE SPACE APPLICATION 2015

Club Name:

Application Checklist

☐ Typed Information Sheet
☐ Typed Open Ended Questions
☐ Updated Constitution (Emailed only)
☐ Submitted Semester Budget Allocation
☐ Potential Office Use Weekly Calendar

Due:
Wednesday, February 25th, 2015 at 3:00 PM
OSLA (Office of Student Leadership and Activities--Room 260 in the Student Center) without Constitution AND emailed to Sga_clubrelations@pride.hofstra.edu -with Constitution
A member of your Eboard is required to fill out this application.
Questions? Email sga.clubrelations@pride.hofstra.edu.

Club Name: _______________________________ Club Abbreviation/Nickname: __________________
Club Email: _______________________________ Are you SGA Recognized? Yes  No

# of Leadership/Eboard Members________
# of Total Members in club (as of Spring 2015): ________
*All rosters will be checked on Collegiate Link so ensure Collegiate Link is up-to-date*

Applicant Contact Name: ___________________________ Cell Phone #: _________________
Preferred Email: __________________________________

Faculty Advisor Name: ___________________ Faculty Advisor Email: _________________________

Club Category: (Circle the category of your club)

- Academic
- Fraternity & Sorority
- Media
- Multicultural
- Performance
- Politically/Socially Active
- Pre-Professional
- Religious
- Social
- Sports

Does your club currently have an office space?  Yes  No  If so, where? _________________
Does your club utilize your office space? Yes  No
Please answer the following open ended questions (typed):

1) Purpose/Mission of Club (2-3 sentences)
2) Why does the organization/ club require an office space?
3) How will the club use this space? (How has the club used this space?)
4) Do you need an office or just storage space?
5) Explain how an office space will enhance the club's ability to achieve the mission?
6) What furniture would you hope to have in an office space? (i.e. Desk space, filing cabinet, bookshelf, etc.)
7) What office supplies would you hope to utilize in an office space? (i.e. Paper clips, pads, etc.)
8) What events/ programs have you hosted in the past two (2) years?
9) How often does your organization host meetings?
10) If you currently share an office space with another club, which club is it?
11) Would you like to continue to share with them? Why or why not?
12) How has your organization's presence benefited the greater Hofstra community?
13) Did someone from your organization attend the following (check off all that apply):
   a. Club Meet and Greet Fall 2014
   b. Club Congress Fall 2014
   c. Informal Legislation Meeting Fall 2014
   d. Legislation at Senate Fall 2014
   e. Any other Senate Meetings Fall 2014
   f. President’s Leadership Reception Fall 2014
   g. Program Advisor: Policy and Procedure Meeting Fall 2014
   h. Treasurer Training Fall 2014
   i. Club Workshop Spring 2015
   j. Club Congress Spring 2015
14) Every club must have at least 5 office hours. Please create and attach a mock schedule of a typical week of office use.
Terms and Conditions of Office Space Allocation Application

Due to limited availability, please note that not every club or organization can get an office spot.

By signing and submitting this application your organization understands and is willing to share an office space.

If granted an office space, your organization understands that SGA reserves the right to determine where your club will be placed amongst the available spaces.

By signing, I assure that the above information is accurate. I understand all policies and procedures related to the use of the Student Government Association office space and will abide by them at all times. A copy of the office space policies and guidelines is attached to this application, and is available in the SGA Office (Room 207). Failure to comply with any and all policies regarding office space may result in loss of office space and/or possible budget fines.

(Please Print Name): ________________________________
Signature of Applicant: __________________________ Date:________________________

(Please Print Name): ________________________________
Signature of Club President: _________________________ Date:________________________

(Please Print Name): ________________________________
Signature of Club Vice President: ______________________ Date:________________________

(Please Print Name): ________________________________
Signature of Club Faculty/Staff Advisor: ______________________ Date:________________________

For OSLA use only:

Received By:____________________________________ Date: ________________

For SGA use only:

Space approved: ______ Location:____________________________________
Notes:

Space not approved: ______ Reasoning: ______________________________
Notes: