

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: