

Inter-Club Council Fieldtrip Check List

All additional forms listed that are required for your fieldtrip must be submitted with your event form to the ICC Vice President or the ICC Advisor. Failure to complete all necessary forms will delay your fieldtrip planning process.

- ┌ Club Approval-In meeting at least 4-6 weeks before fundraiser date
- ┌ Minutes reflecting club approval
- ┌ Fieldtrip request form
- ┌ Voluntary Excursion Notice
- ┌ Voluntary Activity Form
- ┌ Personal Vehicle Use Form (if students are driving themselves and one another)
- ┌ Emergency Information Form
- ┌ Vehicle Request Form
- ┌ Approval from the Foundation if money is being accepted or raised with an outside business
- ┌ Email to ICC advisor from club advisor confirming they will be present for the fieldtrip

*if necessary, please see event form for qualifications

Please use blue/black ink and print clearly.

Club Name _____

President's Name _____

Phone # & E-mail _____

Member Responsible for Event _____

Phone # & E-mail _____

Advisor's Name _____

Phone # & E-mail _____

ICC Representative's Name _____

Phone # & E-mail _____

Important--Please Read!

* This application must be submitted to the Inter-Club Council **at least one meeting before the date of the event by your ICC Representative. The activity cannot be the same week the form is turned in.** In other words, if you are submitting an Activity Application on Tuesday, your event cannot be held Wednesday-Sunday of that same week.

* The ICC will not recognize any application for an event unless the club has had its charter approved by ICC for the current semester. **STOP!!** If your club charter is not current, you **must** have your charter approved before an Activity/Fund Raiser Application can be submitted.

Activity Information: Complete this section and obtain appropriate signatures. Signatures 1, 2 and 3 on back of form are always required. A **Student Life Staff Support Person** will circle the additional signatures required for your event.

Date of Activity: _____

Time: _____ am pm to _____ am pm

Description: Guest Speaker Information/Display Table Cultural/Music Celebration

Service Project (Describe) _____ Other (Describe) _____

Location: On Campus-Building/Room _____ Off Campus-Address _____

Non Students: If your activity/program involves attendance/participation/presentation by non-students (guest speaker, band, DJ), list names, addresses and phone numbers for each individual. Attach an additional sheet if necessary.

Name _____ Address _____ Phone # _____

Parking for guests/speakers must be arranged. Without prior approval, guests are subject to ticketing for parking in permit parking lots without a permit. Permits can be arranged through MSJC Campus Safety Office at least two weeks in advance.

Fund Raiser Information Complete this section and obtain appropriate signatures. **Signatures 1, 2 and 3** on back of form are always required. ICC Advisor(s) will circle the additional signatures required for your event. **Each club must clean up after their event.**

Date of Fund Raiser: _____

Time: _____ am pm to _____ am pm

Location: On Campus-Building/Room _____ Off Campus-Address _____

Type of Fund Raiser: Food Sales: _____

List food to be sold. Attach an additional sheet if necessary. Sale price of each item.

Club/Organization **not** using the MSJC cafe for food sales must have permission of Ron or Mandie before the sale of prepacked items.

Non-Food Sales: _____

List items to be sold. Attach an additional sheet if necessary. Sale price of each item.

Opportunity Drawing: _____

Date of Drawing _____ Location of Drawing _____ Ticket Price _____

Item Awarded with Ticket _____ If award was donated, name of donor. _____

Other: _____

IMPORTANT NOTE: Your event is **NOT** considered approved until **ALL** necessary steps listed below are completed. You **MUST** Obtain all the necessary signatures before submitting.

Required Signatures

1. **Club Advisor's Approval** of event/fund raiser.

Club Advisor/Date

2. **Club President Approval:** of activity/fund raiser.

Club President/Date

3. **Foundation Approval** if activity involves collection or disbursement or collection of monies from outside businesses.

Rebecca Orlauski, Foundation Operations Coordinator /Date

4. On Campus Location Reservation

College Facility: _____ / _____
Bldg. /Room

Please CC ICC advisor(s) & club advisor(s) when requesting rooms from designated peoples/offices.

5. **Café Approval:** for use of off campus prepackaged foods for sales.

Ron Guglielmana, Mandie Hornback or Designee

6. **Equipment Needs:**

Chairs _____
 Tables _____

Associate Dean, Student Affairs & Equity

7. **Use of Facilities Form** for events taking place outside, on campus Application is available at The MSJC Student Life and Development Program Offices.

Form has been submitted to facilities on _____.

Associate Dean, Student Affairs & Equity

Which signatures do I need?

1. *Fundraisers - #1, 2, 3, 4, add #5 if a food fundraiser*
2. *On Campus Event held in the Quad #1, 2, 6, 7 add #3 if involves collection or disbursement of money from an outside business, add #5 if food is not being served by the MSJC cafe*
3. *All on campus events require a district facilities use form to be filled out and turned into the office of instruction on the designated campus no later than a week before your event.*

STOP!

After obtaining all signatures as required above, present this application to your Senate Representative who will submit it for approval. You will be notified by the ICC if your event is not approved.

Submitted to the Student Senate for Approval on:

Approvals

10a. _____

ICC Vice President /Date

10b. _____

ICC Advisor /Date

10c. _____

Associate Dean, Student Affairs & Equity

APPLICATION NOT APPROVED FOR THE FOLLOWING REASON

- Pending Signatures Of _____
- Incomplete Information Lacking Required Signatures Other Comments: _____

Signature/Date

Title



MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
Student/Adult Field Trip Request Form

Directions: Complete the form in its entirety, obtain signatures, and submit to Risk Management for approval at least 2 weeks prior to the trip. Important note: Overnight trips require Executive Cabinet approval in addition to Risk Management approval and must be submitted at least 4 weeks prior to the trip.

Type of Field Trip (check one):

- Single Day Trips**
- One day – school Day
- One day – non-school day

- Multi-day Trips**
- Overnight Trip (# of nights____)
- Out of State Trip (# of nights____)
- Trip to Foreign Country (# of nights____)

Trip Details

Activity/Excursion/Event Title: _____

Destination Name: _____

Destination City/State: _____

Departure Date: _____ Return Date: _____

Departure Time (approx.): _____ AM/PM Return Time (approx.): _____ AM/PM

Purpose of trip (Educational Benefit): _____

Name of Class/Club: _____

Employee in Charge: _____ Cell #: _____

Other Employees on Trip: _____

Emergency Information

Closest Hospital/Emergency Room: _____

Transportation (check one)

- District Vehicle
- Student and/or Employee driving their own vehicles

Please review and acknowledge required items below and obtain signatures:

Required Items (check):

- I certify that I will provide a Personal Vehicle Use form for each employee driving their own vehicle.
- I certify that I will provide a list of participants and class handout for this trip.

_____ I certify that all student participants have completed the required student form/waiver. All forms will be kept on file in associated department for one year plus one day after the date of the field trip.

Signatures:

Faculty Member: _____ Date: _____

Area Dean: _____ Date: _____

Risk Management: _____ Date: _____

Once complete, send required items above along with this request form to Risk Management:
AJensen@msjc.edu according to the deadlines at the top of the form



MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
Volunteer Activity/Excursion Form and Waiver

Directions: Fill in the following form, read and initial as indicated, and sign on page 2. Do not leave blanks!

Name of Activity/Excursion: _____

Name of Class/Club: _____

Location of Activity/Excursion: _____

Participant Name: _____

Activity Departure Date: _____ Return Date: _____

Medical and Emergency Information:

Initial
above

_____ In the event of illness or injury, I hereby consent to whatever medical treatment and hospital care is deemed necessary for my safety and welfare from a licensed medical professional. It is understood that any resulting expenses will be the responsibility of the activity Participant.

Initial
above

_____ Unless indicated below, I certify that I have no known medical condition(s) which may pose a risk to the health and safety of myself or others by participating in the activity(ies). I agree to advise the District in writing below of any medical condition(s) which may be affected or in any way jeopardized by participating in a specific field trip/excursion.

I have the following known medical condition(s): _____
If none, please indicate "n/a".

Participant's Medical Insurance Carrier Name: _____

Policy Number: _____
If no insurance, please indicate "n/a".

Emergency Contact Information:

Name: _____ Phone: _____

Name: _____ Phone: _____

Indemnification and Waiver:

Per California Education Code Section 35330 and California Code of Regulations, Subchapter 5, Section 55450, by participating in the field trip(s)/excursion(s), I understand that I waive all claims against the District, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents or employees. The undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever or however the same may occur and continue, and the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against Mt. San Jacinto Community College District or any of its officers, agents or employees for any of said causes of action, whether the same shall arise by the negligence of any of said

persons, or otherwise.

Indemnification and Waiver
(continued):

Participant acknowledges that he/she has read the foregoing Waiver and Indemnification, has been fully and completely advised of the potential dangers incidental to engaging in the voluntary activity and instructing of this activity, and is fully aware of the legal consequences of signing this form.

Participant acknowledges that if the college is not providing the transportation:

- The driver of the vehicle in which I am riding, either as driver or passenger, is not driving on behalf or as an agent of the college, and the college has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle;
- The college is in no way responsible, nor does the college assume any liability, for injury or loss which may result from my transportation;
- Although the college may assist in coordinating the transportation and/or recommend travel time, routes, carpooling, or caravanning, recommendation(s) or travel assistance provided is not mandatory.

Authorization:

By signing below, Participant confirms that they are age 18 or over and that all information included in this document is true and correct. Participant agrees indemnify the college as indicated above.

If Participant is under the age of 18, parent or legal guardian must also sign below :

Signature(s):

Participant: _____ Date: _____

Parent* _____ Date: _____

***Only required if Participant is under the age of 18.**