



# Lake Tahoe Community College

## Student Activities

2022/23 Club Handbook



Office of Student Life  
Lake Tahoe Community College  
One College Drive  
South Lake Tahoe, CA 96150  
530-541-4660 x 206



# Forms



# LAKE TAHOE COMMUNITY COLLEGE

## ADVISOR CHANGE FORM

*Submit completed form to the Student Life Coordinator*

Club Name: \_\_\_\_\_

Current Club Advisor: \_\_\_\_\_

New Advisor Name: \_\_\_\_\_

Full-time classified

Part-time hourly

Full-time faculty

Adjunct faculty

### Contact Information

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Office Number: \_\_\_\_\_

### Required Signatures

*Please make sure to turn this form into the Student Life Coordinator*

### New Advisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Student Life Coordinator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit finished form to the Student Life Coordinator**  
**Office A106 - [astephens@ltcc.edu](mailto:astephens@ltcc.edu)**



# NEW STUDENT CLUB APPLICATION FORM

PLEASE PRINT OR TYPE

DATE: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

OFFICERS	NAME	SID#	EMAIL ADDRESS
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President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

MEMBERS	NAME	SID#	EMAIL ADDRESS
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## OFFICE USE ONLY

Constitution Submitted: \_\_\_\_\_

Fiscal Services Orientation: \_\_\_\_\_

Student Life Coordinator: \_\_\_\_\_

Club Approval: \_\_\_\_\_

**CONSTITUTION**  
of the \_\_\_\_\_ Club  
of Lake Tahoe Community  
College

**Article I**

**Name and Membership**

**Section 1**

The name of this organization shall be the \_\_\_\_\_ Club of Lake Tahoe Community College.

**Section 2**

All students currently registered at Lake Tahoe Community College shall be entitled to the privileges at outlined in this constitution.

**Article II**

**Purpose of Organization & Mission Statement**

The purpose of the \_\_\_\_\_ Club is to \_\_\_\_\_

**Article III**

**Officers**

**Section 1**

The elected officers of this organization shall be President, Vice President, Secretary, and Treasurer.

Membership in the \_\_\_\_\_ Club is open to all students of Lake Tahoe Community College.

**Section 2**

Term of office shall be one year. Officers may be re-elected and serve consecutive years. Should an officer become unable to perform the duties of the position and choose not to continue holding this office, the officer will be replaced by a majority vote of the first meeting per quarter with a minimum of 50% of the membership present at the beginning of the next quarter. The four officers plus the LTCC Faculty/Staff advisor shall comprise the Club's Executive Committee.

**Section 3**

It shall be the duty of the President to set the agenda, conduct meetings, keep records, and act as a spokesperson for the club.

**Section 4**

It shall be the duty of the Vice-President to assist the President as needed and function as the President in the President's absence,

**Section 5**

It shall be the duty of the Treasurer to keep track of funds raised through fundraising events or donations.

**Section 6**

It shall be the duty of the secretary to record the minutes of each official meeting and present them to the club for approval at the next meeting.

## **Article IV**

### **Membership**

#### **Section 1**

Meetings shall be held at least six times per quarter and shall be called by either the President or Vice- President at least one week prior to the meeting date. Membership is open to all students at Lake Tahoe Community College.

#### **Section 2**

A student may become a member of the \_\_\_\_\_ Club by expressing an interest in the club and attending two consecutive meetings.

## **Article V**

### **Meetings**

Meetings shall be held as needed. All members will be notified of scheduled meetings one week in advance.

## **Article VI**

### **Parliamentary Authority**

The State Parliamentary Authority through the adoption of which a society established its rules of order, i.e., "The rules contained in the current edition of Robert's Rules of Order shall govern the \_\_\_\_\_ Club of Lake Tahoe Community College in all cases to which they are applicable and in which they are not inconsistent with the constitution/Bylaws of the \_\_\_\_\_ Club of Lake Tahoe Community College."

## **Article VII**

### **Quorum**

Club meetings must include four club members and two officers in order to conduct business legally; including either the President or the Vice-President.

## **Article VIII**

### **Amendments**

#### **Section 1**

The proposed amendment must be in the hands of the club officers no later than one week before the scheduled meeting of the \_\_\_\_\_ Club of Lake Tahoe Community College at which it is presented.

#### **Section 2**

Following the approval of the amendment by the officers, this constitution may be amended by a 51% vote of the membership at the first meeting of the organization at which a quorum is present.

# Article IX

## Enacting Clause

This constitution shall become effective upon approval of the following individuals:

FOUNDING STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

CLUB ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT LIFE COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_





**LAKE TAHOE COMMUNITY COLLEGE**  
**STUDENT CLUB LEADERSHIP FORM**

*Submit completed form to the Student Life Coordinator*

Club Name: \_\_\_\_\_

Club Advisor: \_\_\_\_\_

Club Position	First and Last Name	Student ID	Preferred Contact Info:
President			
Vice President			
Secretary			
Treasurer			

**Required Signatures**

*Club Advisors turn this form into Student Life Coordinator*

**Club Advisor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student Life Coordinator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit finished form to the Student Life Coordinator**  
**Office A106 - [astephens@ltcc.edu](mailto:astephens@ltcc.edu)**

**Student Club Leadership Form:**

**DUE AFTER THE SECOND MEETING OF THE CLUB**

# LAKE TAHOE COMMUNITY COLLEGE

## CLUB ACTIVITY APPROVAL FORM

1. A 5 business day notice is required for bookings that do not require tech or maintenance assistance for set-up
2. A 10 business day notice is required for bookings that require tech and/or maintenance assistance for set-up.
3. A 30 day notice is required for large events where tech and/or maintenance personnel are required for extensive set-up.

Club Sponsoring Activity: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

*\*If activity involves travel, have all appropriate forms been completed?*

Waiver Form?  Yes  No

Emergency Notification Form  Yes  No

Activity Date: \_\_\_\_\_ Activity Time: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone/Cell/Ext: \_\_\_\_\_

Advisor or staff person who will supervise activity: \_\_\_\_\_

Club Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circulate through the following offices applicable to the activity/meeting:

### Foundation Office

**Signature Required for ANY Off-Campus Donations/Requests (e.g. ~ Raffle Prizes)**

Foundation Director: \_\_\_\_\_ Date: \_\_\_\_\_

### Fiscal Services Office

**Signature Required for ANY Event Sales/Donations**

Fiscal Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_

(\* Does Activity Require a Cash Box?  Yes  No) (\*\$25 Change Needed?  Yes  No)

### Student Services Office

**ALL Events Require VP's Signature**

VP of Student Services \_\_\_\_\_ Date: \_\_\_\_\_

### Student Life Office

**ALL Events Require Coordinator's Signature**

Student Life Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

### Scheduling Office

**ALL Events Require One Week Notice for Approval & Attached Internal Facilities**

Scheduling Office: \_\_\_\_\_ Date: \_\_\_\_\_

***Original/completed forms are to be returned to the Office of Student Life, Room A106***

**LAKE TAHOE COMMUNITY COLLEGE DISTRICT**  
**REQUIRED ACTIVITIES/FIELD TRIP PARTICIPATION,**  
**MEDICAL AUTHORIZATION and ACKNOWLEDGMENT AND**  
**ASSUMPTION OF POTENTIAL RISK**  
**Adult/Minor Participation Waiver**

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I, \_\_\_\_\_, wish to participate in the Lake Tahoe Community College's \_\_\_\_\_ on \_\_\_\_\_.  
(event) (date)

Class: \_\_\_\_\_ Instructor: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date and Time: \_\_\_\_\_

Return Date and Time: \_\_\_\_\_

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, participation in this activity is required and part of the regular educational program/coursework. I understand and acknowledge that I am deemed by law to have waived any claims against Lake Tahoe Community College District, its' officers, agents, volunteers, and/or employees for injury, accident, illness, or death occurring during or by reason of the field trip/activity. I understand that participation in this activity may result in illness or injury including but not limited to:

- |                              |                     |                    |
|------------------------------|---------------------|--------------------|
| 1. Sprains/strains           | 4. Fractured bones  | 7. Unconsciousness |
| 2. Head and/or back injuries | 5. Paralysis        | 8. Death           |
| 3. Communicable diseases     | 6. Loss of eyesight |                    |

I understand and acknowledge that in order to participate in this activity I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activity. I affirm that I am physically able to participate in this activity.

( ) Participant Initials

I have no known medical condition(s) which may pose a risk to the health and safety of me or others by participating in the activity(ies). I agree to advise the District in writing of any medical, physical or health condition which may be affected or in any way jeopardized my participation. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood and agreed that the resulting expenses will be the responsibility of the participant.

( ) Participant Initials

I understand, acknowledge, and agree that the District, its employees, officers, agents, and volunteers shall not be liable for any injury or illness suffered by me which is incident to and/or associated with preparing for, participating in, or traveling to or from this activity.

( ) Participant Initials

I acknowledge that I have carefully read this REQUIRED ACTIVITIES/FIELD TRIP PARTICIPATION, MEDICAL AUTHORIZATION and ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK form and that I understand and agree to its terms.

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
If Minor Participant - Parent Signature Date

Emergency Contact Name & Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_

A signed copy of the REQUIRED ACTIVITIES/FIELD TRIP PARTICIPATION, MEDICAL AUTHORIZATION and ACKNOWLEDGMENT, AND ASSUMPTION OF POTENTIAL RISK form must be on file with the District before participation in the activity described above.

Please provide the following PARTICIPANT information:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Carrier Policy No. Address

*All students participating in a required activity/field trip must complete this form and submit it to the Instruction Office prior to the trip.*

To assist the instructor and/or Emergency Personnel please list any pertinent medical information.

Allergies: (nuts, bee stings, latex, etc.)	Medical History: (diabetes, epilepsy, etc.)	Current Medications: (inhaler, Zoloft, nitro, etc.)

*If field trip participant has any special medical concerns, please attach a description to this page. Thank you.*

**LAKE TAHOE COMMUNITY COLLEGE DISTRICT**  
**INTERNAL APPLICATION AND CONTRACT FOR USE OF FACILITIES**

- A 5 business day notice is required for bookings that do not require tech or maintenance assistance for set-up (EMS Web APP requests allowed for these requests only).
- A 10 business day notice is required for bookings that require tech and/or maintenance assistance for set-up.
- A 30-day notice is required for large events where tech and/or maintenance personnel are required for extensive set-up.

Requests received less than the required approval times may be denied. This is only a request until final confirmation is sent. **CANCELATIONS:** Notice must be given at least three business days prior to the scheduled event:

LTCC Requestor/Dept. \_\_\_\_\_ EXT. \_\_\_\_\_ Application Date: \_\_\_\_\_

This section is to be filled out only if requesting to sponsor/host an external group:

Group Represented (being hosted): \_\_\_\_\_ Type of Group\* : \_\_\_\_\_

\*Group Types: (NON-PROFIT, PROFIT, LOCAL YOUTH, PUBLIC AGENCY, OTHER). Proof of 501 (C)(3) may be required. If payment is determined to be required from an outside agency, an external application will need to be submitted in lieu of this internal form.

Reason/explanation:

Event/Purpose of: \_\_\_\_\_

Use:\*Date(s) of Use:

Event Time: Start: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM. \*Please note above if times are different for multiple day requests.

Set-up/take-down time needed: \_\_\_\_\_ (total hrs. before) \_\_\_\_\_ (total hrs. after)

Number of participants expected: \_\_\_\_\_ Will participants be charged? Yes / No

If Yes, Purpose of charges? \_\_\_\_\_

Other Requests/Notes:

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Administrative Approval/Signature (only for requests to host external groups)

\_\_\_\_\_  
Date

***This contract is subject to all LTCC policies and all applicable laws of California.***





# LAKE TAHOE COMMUNITY COLLEGE DISTRICT STUDENT CLUB DEPOSIT REPORT



Name of Club: \_\_\_\_\_

Deposit prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

Source of Funds (Event): \_\_\_\_\_

**FISCAL SERVICES USE ONLY**  
**\*Club Deposit Check List\***

Complete one form per deposit

**For Ticket Sales**, a "Ticket Recap" form is attached

\$25.00 change was returned (if applicable)

Cash box was returned

Student Activities Cash Box Log (binder) was signed

Checks are payable to **LTCC Student Activities**

Cash verified by Fiscal Services \_\_\_\_\_  
(Print name) (Date)

To be prepared by the authorized club member:

**CASH REPORT**

\$ 1.00 bills	X		=		Pennies	X		=		
\$ 5.00 bills	X		=		Nickels	X		=		
\$ 10.00 bills	X		=		Dimes	X		=		
\$ 20.00 bills	X		=		Quarters	X		=		
\$ 50.00 bills	X		=		Dollar coins	X		=		
\$ 100.00 bills	X		=		<b>TOTAL CASH</b>					
									<b>TOTAL CHECKS</b>	
Exclude \$25.00 change from deposit if received.					<b>TOTAL DEPOSIT</b>					

**FUNDRAISING ACTIVITY REPORT**

Fundraised Item	Donation per Item	Number of Items	Total
<b>Total Deposit</b>			

Itemized List Prepared By: \_\_\_\_\_  
Signature / Print Name



# LAKE TAHOE COMMUNITY COLLEGE DISTRICT STUDENT CLUBS REQUEST FOR REIMBURSEMENT



Club Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Check all that apply: (Complete one form per vendor and/or activity)**

- Vendor Check Request (Attach invoice and W9 if applicable)
- Student or Advisor Reimbursement (Attach receipt(s) of good(s) received)
- Donation/transfer to other Clubs
- Other: \_\_\_\_\_

Date Stamp

## AUTHORIZATION

- All purchases are subject to verification of available funds and administrative approval.
- Please attach a copy of meeting minutes approving this use of funds.
- Reimbursements to an advisor require the approval of the V.P. of Student Services

Meeting date: \_\_\_\_\_  Minutes attached

Club approval: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor approval: \_\_\_\_\_ Date: \_\_\_\_\_

V.P. of Student Services: \_\_\_\_\_ Date: \_\_\_\_\_  
Approval (For Club Advisor reimbursement(s) only)

## VENDOR/ PURCHASE INFORMATION

List all items to be purchased separately. Include price per unit, sales tax, shipping and total (or "not to exceed" amount).

QTY	ITEM	DESCRIPTION	UNIT PRICE	TOTAL
VENDOR NAME			TAX	
MAILING ADDRESS			SHIPPING	
CITY	ZIP CODE			
PHONE NO.			TOTAL	

### FISCAL SERVICES USE ONLY

Funds verified      Paid, check number \_\_\_\_\_ Date \_\_\_\_\_

Back-up complete      Account/Class \_\_\_\_\_