**Club/Organization Philanthropic Activity Form **

**Club/Organization Name:** Click here to enter text.

**Club Advisor(s):** Click here to enter text.

**Date:** Click here to enter a date.

**Name of Philanthropic Activity:** Click here to enter text.

**Date(s) of Activity:** Click here to enter a date.

**# of Students Involved:** Click here to enter text.

**Estimated Amount of Time Involved:** Click here to enter text.

**Benefit to the Community:** Click here to enter text.

**Agency's Contact Information**

**Name:** Click here to enter text.

**Email:** Click here to enter text.

**Telephone:** Click here to enter text.

**Address:** Click here to enter text.

**Club President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*This form must be completed and submitted at least 10 business days prior to the suggested start date of the activity\***

**(For Office Use Only)**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus Life Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Comments:**

**Philanthropic Activity**

**General Policies and Procedures**

1. Club/Organization discusses and decides what type of philanthropic activity they would like to conduct.
2. Club/Organization completes the Philanthropic Activity Form and submits it to the Campus Life Director at least 10 business days prior to the activity.
3. Club/Organization works directly with the designated agency to make all the necessary arrangements to conduct the Philanthropic Activity.
4. All Campus Events/Activities must adhere to SCTCC’s policies and procedures.