**Return completed forms for each student and advisor registered to the Workshop Director   
Submit information regarding attendees via Google form AT LEAST three weeks prior to the workshop.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop Director:** |  | **Workshop Site:** |  |

**TASC SUMMER WORKSHOP: ADVISOR REGISTRATION FORM**

(Please Print or Click and Type in the Table Cells Below)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advisor's Last Name:** | |  | | **First Name:** |  | | | |
| **Preferred Name:** |  | | | **Gender:** |  | | | |
| **School Address:** |  | | | | | | | |
| **City / State / Zip:** |  | | | **School Name:** | |  | | |
| **Home Address:** |  | | | | | | | |
| **City/State/Zip:** |  | | | | | | | |
| **Home Phone Number:** | | |  | **Work Number:** | | |  | |
| **Cell Phone Number:** | | |  | **E-Mail Address:** | | |  | |
| **Add’l Contact Person:** | | |  | **Contact’s Cell Number:** | | | |  |
| **Do you have any technical experience with videos or slideshow presentations (and you would be interested in helping)?** | | | | | | | | |
|  | | | | | | | | |
| **List previous workshop or staff experience:** | | | | | | | | |
|  | | | | | | | | |

**I understand** that the school Student Council advisor is responsible for the conduct and grooming, as described in the workshop booklet, of each Student Council member attending; that each Student Council member and advisor will be required to take part in Summer Workshop activities. All attendees understand that photos/videos taken during the workshop may be used by TASC in publications. **All participants agree to participate in the entire workshop program and follow expectations on Advisor Commitment Form.**

**I understand that no less than two weeks prior to the workshop I will inform the workshop director of any special circumstances/needs/considerations (hearing, vision, mobility, dietary, emotional, gender, etc.) of any member of my delegation.**

**I understand I may be required to pass a test after participating in Sexual Abuse & Molestation Prevention training. My principal and I certify that I have had a local, state, and national criminal background check and a national sex offender registry check. (The ISD/school is responsible for the background check of that of any adult approved by the principal to serve as an advisor at a TASC Summer Leadership Workshop.)**

## Please Sign Below

|  |  |
| --- | --- |
| **Signature of Advisor:** |  |
| **Name of Principal:** |  |
| **Principal’s Signature** |  |
| **Principal’s Emergency Contact #:** |  |

**Return completed forms for each student and advisor registered for the workshop to the Workshop Site Director  
Submit information regarding attendees via Google form AT LEAST three weeks prior to the workshop.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Workshop Director:** | Patty Wangler | **Workshop Site:** | Virtual |

**Note: Every ADULT attending a TASC Summer Workshop must complete this form and return it to the workshop director along with the individual student and advisor registration forms.**

**Please print or click and type into table cells.**

**(Adults) DISCLOSURE OF PRIOR CRIMINAL CONVICTIONS**

The Texas Association of Student Councils is an advocate for school leaders. TASC's youth advocacy includes the sponsorship of several youth leadership conferences and events. TASC wishes to do all it can to make the youth participants at these events safe and secure. Therefore, it is necessary for TASC to request the following information from you as a potential employee or volunteer because you may have contact with students.

|  |  |
| --- | --- |
| Have you ever been convicted of a crime, or received a verdict other than not guilty, in any court or similar proceeding? | **Yes:**  **No:** |
| If yes, please describe the offense, the date of conviction, and rehabilitation undertaken. (Prior convictions do not necessarily bar employment.): | |
|  | |

I understand I may be required to pass a test after participating in Sexual Abuse & Molestation Prevention training. My principal and I certify that I have had a local, state, and national criminal background check and a national sex offender registry check. (The ISD/school is responsible for the background check of that of any adult approved by the principal to serve as an advisor at a TASC Summer Leadership Workshop.)

\_\_\_\_\_\_\_\_\_\_\_ (Advisor, please initial.)

\_\_\_\_\_\_\_\_\_\_\_ (Principal, please initial.)

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Texas Association of Student Councils (TASCP) to obtain information from my current and former employers, references, government agencies, and other parties, for the purpose of verifying the statements made in my application and otherwise determining my suitability and qualifications for being either paid or volunteer staff at events sponsored by TASC.

I authorize TASC to conduct a background investigation including, but not limited to, an investigation of my educational, military, and criminal conviction records to ascertain any and all information that may be pertinent to my qualifications. I agree to cooperate in such investigation and release the TASC, its directors, employees, and agents, and all persons and entities providing such information to the TASC, from any and all liability in regard to requesting, supplying, or disclosing such information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | | | |
| **Signature:** |  | | | | **Date:** |  |
| **Parent/Guardian Signature (if under 18):** | | |  | | | |
| **Driver License Number:** | |  | | **State of Issue:** | |  |
| **Date of Birth:** | |  | | | | |
| **Witness Signature:** | |  | | | **Date:** |  |

**ADVISOR RESPONSIBILITIES & COMMITMENTS**

The mission of TASC Summer Leadership Workshops is to help all students and advisors discover and develop their leadership potential as they gather the tools to run effective student councils back home. A student council is a group of students working WITH an adult advisor to improve a local campus and community. Congratulations on choosing to be a part of that endeavor. All students attending the workshop must be accompanied by a school advisor or principal designee. Get involved at the workshop with your students - you’ll be glad you did!

**ADVISOR RESPONSIBILITIES:**

* Advisors are to review and discuss the TASC Student Participant Commitment responsibilities with their students to clearly define expected and acceptable behavior and dress. Advisors must model the same attire and behavior as expected of students.
* It is the responsibility of the advisor to monitor the behavior and dress of his/her students throughout the workshop.
* If an advisor witnesses a student who is not from his/her delegation behaving inappropriately, the advisor should contact the workshop director immediately.
* Advisors who are not on staff may be asked to support the workshop in other ways.
* Advisors are expected to support and enforce the workshop rules and regulations and the workshop schedule.
* Advisors must attend and facilitate any scheduled meetings of their hometown council.
* Advisors will ensure that students in their delegation participate in all workshop activities and are not separate from the planned group activities.
* Advisors should ensure that students not be given permission to miss portions of the workshop.
* All advisors may be required to participate in Abuse and Molestation Prevention Training and pass the accompanying test.
* All advisors registered for the workshop must certify they have had local, state, and national background checks as well as a national sex offender registry check.

**Your signatures below indicate that you have read and understand the guidelines on the Advisor and Student Commitment Forms and agree with these expectations/responsibilities.**

|  |  |
| --- | --- |
| **Print School Name:** |  |
| **Print Advisor Name:** |  |
| **Advisor Signature:** |  |
| **Print Principal Name:** |  |
| **Principal Signature:** |  |
| **Principal’s Emergency (nighttime) phone number** |  |

*Advisors, return this form to the workshop director at onsite registration.*