



Organization Name:

Date Rec'd: ___/___/___

SECONDARY ADVISORS Boise State University registers advisors as "authorized volunteers." Individuals, who are working within the course and scope of their duties as an advisor or coach, are covered by the University's Retained Risk Fund. By signing this form, the advisor/coach stipulates that he/she is familiar with the materials in *The Source #6 Advisor Handbook* and *The Source #4 Financial Information* and agrees to advise this Boise State student organization.

Title (Circle One Mr., Ms., Dr., Rev.) _____

Advisor Name _____ ID# (Employee or Drivers License) _____ *

Campus or Mailing Address _____ Home Phone _____

Mail Stop or City/State/Zip _____ Work Phone _____

E-mail Address _____ Cell Phone _____

***Signature** _____

* Student Activities has instituted a software system to manage data. Each person in our system needs to have a consistent number, hence the need for employee ID numbers, or for off-campus advisors, Drivers License numbers. Thank you for your cooperation!

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