

General Group Information			
Group Name:		Number of Proposed Members:	
Community Leader:		Phone:	
Group Faculty/Staff Advisor:		Extension:	
	Statement of	Theme	
Theme Title:			
Mission of Group:			
Brescia Mount S degrees tradition	Saint Joseph. The University offers certificat through semester and time-shortened pro	etitution founded by the Ursuline Sisters of es, associate's, baccalaureate and master's orgrams of higher education in the Ursuline prepares its traditional and non-traditional others.	
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Proposed Activities

Please attach a typed list of activities your group would sponsor to engage other members of the campus community. Remember that these events are proposed and you may be asked to amend them. You should have a minimum of 3 of these events and they should be open to the entire campus. You should also include how you might fund these activities and a brief description of each.

Community Service

Attach a list of at least two opportunities your group will use to service the community, either on campus or in the surrounding neighborhoods. Please also include approximate dates for these events and a description of the service you will be providing.



Proposed Budget				
Assuming that your group will need some funds to complete activities and service opportunities, please enter a number for the amount of money you thing your group would need to complete these requirements. In the space to follow please list ways (fundraising etc.) that you will secure these funds. Proposed Budget Amount: \$				
We Will Secure These Funds By:				
New Student Mixer				
Please briefly describe how you will introduce your group to the campus community, including new students at the beginning of this academic year				
Evaluation				
Evaluation Please attach a prepared evaluation form or system that you will use to evaluate how well your group accomplished its goals, stuck to its mission, and enriched the campus community. This evaluation may be either completed by members of your group or given as a survey to the campus community. In the event you decide to use a survey model you must work with Residence Life in order to deliver this survey. Please include how you will do this and when.				
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INIVERSIII	-
	Agreement
I,group will fulfill all requiren	The Community Leader of this ments of this Theme Housing Agreement as follows:
members of the Campus Community to share in o ourselves in a way that does not violate the Bresch of this University are leaders and a positive influe By making a commitment to live in Theme for me and the community members. These expect	of Brescia University by working to provide opportunities for our interests and experience as a group. We will conduct in University Student Code of Conduct and shows that students ence to ours, and communities around us. e Housing, I understand that there are increased expectations extations include self-responsibility, peer accountability and oper signing this agreement, I understand that this community must:
 Work to further our mission and that of Bresch Hold at least 3 campus wide events hosted by Complete two community service projects hostearby community. 	
 4. Raise funds to support our community and use 5. Work closely with our Staff/Faculty Advisor t 6. Introduce ourselves to new students by way or 	to maintain our course and commitment. f a mixer or activity.
physical or mental crisis, safety and/or facility cor the Student Code of Conduct which take place in	er regarding incidents of policy violations, community conflicts, incerns and be responsible as a group for activities and violations of our community and it's living spaces.
	nt to the standards of Residence Life. spaces through residence life that become vacant in our are not filled may be filled at the discretion of Residential Life
11. Meet all agreements set forth in the Housing Cont	ere to this agreement or violates college policy, The Office of
Community Leader:	Phone:
E-mail:	
Signature:	
Group Faculty/Staff Advisor:	Extension:
Department:	E-mail:
Signature:	Date:



Faculty/Staff Advisor Statement

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Community Member Disclosure Form			
Name:	Graduating Year:		
Current Residence:	Campus Extension:		
E-mail:	Phone Number:		
Community I wish to Join:			
Community Leader:			
Current GPA:			
Student Discipline History: Y or N (Circle One)			
If Yes Please Explain:			
			
I have read and understand the Brescia University The contents of this agreement and understand that my coplace within it's assigned living space.	eme Housing Agreement. I agree to adhere to the mmunity is responsible for all actions which take		
Member Signature:	Date:		