



CLUB RE-REGISTRATION FORM

Club Name: _____ Date: _____

Faculty/Staff Advisor's name: _____ Number of Members: _____

Club Description: _____ What are your Club's Anticipated Activities for this year? _____

Printed Name & Signature of
Student 1:

PRINT

SIGN

Printed Name & Signature of
Student 2:

PRINT

SIGN

Printed Name & Signature of
Club Advisor:

PRINT

SIGN

APPROVALS:

Vice President of Student Activities:

Director, Student Activities:

Fiscal Office:

Cabinet:



Hocking College Club Roster

Please list all club members below:



Hocking College Club Registration Assessment

These questions are to be completed by the club president and advisor annually to maintain active status at Hocking College.

SECTION I: PURPOSE & GOALS

What is the primary purpose and mission of your club?

How has your club contributed to the overall campus community?

SECTION II: MEMBERSHIP & LEADERSHIP

Who is eligible to join your club? Are there any specific requirements?

How has your club selected and trained your club's officers and leaders?

SECTION III: ACTIVITIES & EVENTS

What types of activities and events has your club organized in the last year?

How will you ensure that all planned activities are safe and legal?

SECTION IV: RISK MANAGEMENT & SAFETY

How has your club identified and assessed potential risks associated with your club's activities?

How has your club educated members about the dangers and consequences of hazing?

SECTION V: COMMUNICATION

How has your club communicated effectively with members, advisors, and the college community?