



# SHSU Organizations

## Workroom Renewal Application

*We are excited that you have chosen to continue to use the Student Organization Workroom. We hope that this facility can enhance the productivity of your organization. Please be aware of the following guidelines, as they are still in effect for the fall 2008 semester.*

### General Workspace and Storage Guidelines

1. I (we) agree to check/make use of our workspace at least once per week for the semester.
2. I (we) agree to log our usage on the workroom log provided by Student Activities.
3. I (we) agree to keep this log posted at all times.
4. I (we) agree to keep our workspace clean, which includes removing all food and drink that has been brought in and disposing of any trash.
5. I (we) agree to keep all drugs, alcohol, and firearms out of the filing cabinets, storage cabinets, and workroom in general.
6. I (we) agree to keep all displayed materials in good taste. This means NO profanity, vulgarities, or obscene content in displayed material. Any staff member of Student Activities reserves the right to remove any inappropriate material posted.
7. I (we) agree to respect each organization's workspace/storage area.

### Key Privileges

1. If a key is lost/copied, I (we) understand that there will be a charge of \$75.00 applied to the account of the president signing this contract for the organization.
2. If a key is not returned at the end of the semester, a \$75.00 charge will be applied to the account of the president signing this contract for the organization.

### Damage Charges

1. I (we) understand that for any damages done to the workspaces/storage cabinets, the president of the organization will be charged for any expenses necessary to make repairs.
2. I (we) agree to not damage any other organization's area.
3. I (we) agree to not duplicate the key given to us for our particular work/storage space.
4. **I (we) understand that items are stored in the workroom at our own risk and that Student Activities is not responsible for loss of stolen items.**

In general, by signing this document, the members of \_\_\_\_\_ agree to respect the Student Organization Workroom by keeping it clean, using it for the designated purpose, and respecting other organizations that are using the room as well. We also understand that Student Activities reserves the right to remove our privilege of use of this workroom at any time if there is a violation to the above agreements.

*I (we) agree to report any incidents involving the Student Organization Workroom to the Student Activities staff.*

President Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ SAM ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Local Address: \_\_\_\_\_

**This form is INVALID without the signature of BOTH the president and advisor.**

**\*Flip over to sign remainder of form.\***

Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Box #: \_\_\_\_\_  
DATE: \_\_\_\_\_

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**(For Office Use Only)**

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Workspace assigned: # \_\_\_\_\_

Storage assigned: # \_\_\_\_\_  Large  Small

Date processed: \_\_\_\_\_

Org. Coordinator Approval: \_\_\_\_\_

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Notes:

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