

FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630
TELEPHONE (916) 608-6549

CHECK NO. **FL- 00886**

VENDOR NO. **0000003279**

DATE **July 31, 2014**

LOCATION **09**

TO **CCCSAA
Citrus College
Adrienne Thompson
100 West Foothill Blvd.
GLENORA CA 91741-1899**

REQUISITIONED BY
LPO F2339 Simabessy/Bell

GENFD	5300	11	FL.VS.LIFE	64900	00000	2015	051C	75.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1	EA	CCCSAA Active Membership 2014-2015 for: Folsom Lake College student Life Supervisor - Genevieve Simabessy	75.00	75.00
		RECEIVED BY: _____		
		DATE: _____		

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

100 Scholar Way • Folsom, CA 95630

**BANK OF AMERICA
GOVERNMENT BANKING**

CHECK
No. **FL-00886**

DATE: **July 31, 2014** 11-35
1210

Folsom Lake College
will pay to the order of:

CCCSAA _____

\$ **75.00**

(NOT TO EXCEED \$250.00)

*THIS CHECK VOID 60 DAYS
FROM DATE DRAWN

SEVENTY-FIVE AND 00/100 _____ DOLLARS

Kathleen Kukla

⑈000886⑈ ⑆121000358⑆ 14993⑈ 11042⑈



LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

V10: 8949

VENDOR NAME AND ADDRESS: <u>CCCSAA - Adrienne Thompson</u> <u>c/o Citrus College</u> <u>Office of Student Life</u> <u>1000 West Foothill Blvd.</u> <u>Glendora, CA 91741-1899</u>	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call <u>Adrienne Thompson</u> <u>c/o Citrus College</u> <u>Office of Student Life</u> <u>1000 West Foothill Blvd.</u> <u>Glendora, CA 91741-1899</u>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<u>CCCSAA membership fee</u>	<u>1</u>			<u>75</u>	<u>75</u>
2	<u>2014-2015</u>					
3						
4	<u>* make check payable to</u>					
5	<u>CCCSAA</u>					
6						
7						
8						
9						
10						

BUSINESS SERVICES
2014 JUL 28 P 4:05

Rev F00886

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

Program Name _____
For grants/special projects _____
Program Director/Coord. Signature _____ Project/Grant Number _____
Program Goal/Objective Number/Explanation _____

SUB-TOTAL	<u>75.00</u>
SALES TAX	XXXXXX
TOTAL (Not to Exceed \$200.00)	<u>75.00</u>

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

REQUESTED BY: Genevieve Sivabossy TYPED/PRINT
DATE: 7/25/14

REQUESTED BY: [Signature] SIGNATURE
DATE: 7/25/14

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE
DATE: 7/28/14

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION
DATE: 7/31/14

Received by _____ Date _____

Bus. Unit Account Fund Org
GENFD 5300 11 R.V.S. LIFE

Program Sub-Class BY Proj/Grnt Amount
64900 00000 2015 OSIC \$ 75-

Bus. Unit Account Fund Org
/ / / /

Program Sub-Class BY Proj/Grnt Amount
/ / / /



Membership Application for 2014/15

July 1, 2014 through June 30, 2015

Please fill out both pages completely and **PRINT** your information.

Name Genevieve Siwabessy

College Folsom Lake College

Position/Title Student Life Supervisor

Type of Membership (check one):

Active (\$75.00/year) -- currently employed in Student Affairs Administration at a California Community College

Associate (\$30.00/year) -- not currently working in Community College Student Affairs in California

Graduate Student (\$30.00/year) -- Graduate students pursuing a Masters' degree or higher in Education, Student Development or Counseling who are not currently employed in the Administration of Student Affairs Programs or Services

Affiliate (\$25.00/year) -- professional organizations or companies interested in Community College Student Affairs

Please complete the following information to help the Association better know the needs of its members.

College Address 10 College Parkway

City Folsom

Zip Code 95630

Office Phone (916) 608-6603

Fax () _____

Email siwabeg@flc.losrios.edu

Cell Phone () _____

CCCSAA Region# 2

College Enrollment 8000

ASB Phone (916) 608-6591

ASB Budget 15000

To whom do you report (title/position)? Vice President of Student Services

Is your college/campus a single- or multi-college district? multi-college district

How much staffing is in your area? Admin./Supervisory 1 Faculty 0 Classified .5 Student 0

If your college charges any of the following fees, please indicate how much each is and how frequently each is charged (i.e. per semester, per quarter):

Student Activity/Body 0 Student Rep. 1 Student Union/Center 0

Please complete and mail both pages of this application and a check (personal or institutional) payable to "CCCSAA" to:

**Adrienne Thompson
c/o Citrus College
Office of Student Life
1000 West Foothill Boulevard
Glendora, CA 91741-1899**

Please take the time to answer these additional questions. The board will use this information to guide our conversations regarding the CCCSAA Professional Standards and strategic-planning for the organization.

Position-Related Questions

Are you:

- Part-Time Full-time

Position Type:

- Classified Faculty Management/Administrator

What is your current educational level? (Please select your highest degree level)

- Associate Degree Bachelor's Degree Master's Degree Doctorate

What is your degree and specialization? Higher Education Leadership - Student Affairs

What is your salary range? (Please select one)

- Below \$30,000 \$30,000 - \$50,000 \$50,000 - \$70,000 \$70,000-\$90,000
 \$90,000 - \$110,000 \$110,000 and above

What are your areas of responsibility? (Mark all that apply)

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Student Activities | <input checked="" type="checkbox"/> Student Government | <input checked="" type="checkbox"/> InterClub Council | <input checked="" type="checkbox"/> Leadership Course Instructor |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Student Discipline | <input type="checkbox"/> Athletics | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Orientation | <input type="checkbox"/> EOPS/CARE/CalWORKs | <input type="checkbox"/> Campus Safety |
| <input type="checkbox"/> Commencement | <input checked="" type="checkbox"/> Other: <u>Student Ambassadors</u> | | |

Program-Related Questions

Does your student government conduct an annual leadership retreat? Yes No

Do you have a leadership course tied to your student government program? Yes No

If yes, is it? Credit Non-Credit

Does your program have Student Learning Outcomes/Service Area Outcomes? Yes No

Have you completed a Program Review? Yes No

CCCSAA-Related Questions

How did you initially hear about CCCSAA?

from the students as it related to the leadership conference

What professional development topics would be of interest to you?