

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

10 College Parkway • Folsom, CA 95630
P: (916) 608-6549

CHECK NO. **FL-01570**

GENFD: NOT TO EXCEED \$500
VENDOR NO. 0000003279
LOCATION 09

CBFUND: NOT TO EXCEED \$1,000
VENDOR NO. 0000000001

DATE 9/16/2015

TO CCCSAA
c/o Ventura College , Attn: Rick Trevino
4667 Telegraph Rd.

REQUISITIONED BY
LPO F3084 SIWABESSY / GIBSON

GENFD	5300	11	FL.VS.LIFE	69600	'00000	2016	'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
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QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	2015-2016 CCCSAA ACTIVE MEMBERSHIP FOR FOLSOM LAKE COLLEGE - STUDENT LIFE SUPERVISOR	75.000	75.00

RECEIVED BY: _____
DATE: _____

<p>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p>BANK OF AMERICA GOVERNMENT BANKING</p>	<p>CHECK No. FL-01570 September 16, 2015 DATE: _____ 11-35 1210</p>
<p>Pay to the order of: CCCSAA *****</p>		<p>75.00</p>
<p>SEVENTY-FIVE AND 00/100 *****</p>		<p>\$ _____ DOLLARS</p>
<p style="text-align: right;">NON-NEGOTIABLE</p>		

*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN



Membership Application for 2015/16

July 1, 2015 through June 30, 2016

Please fill out both pages completely and PRINT your information.

Name Genevieve Sivabessy

College Folsom Lake College

Position/Title Student Life Supervisor / Adj. Asst. Prof.

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) 608-6030 Fax ()

Email sivabeg@flc.lscsdc.edu Cell Phone (530) 219-2984

CCCSAA Region# 2 College Enrollment ~8000

ASB Phone (916) 608-6591 ASB Budget ~\$20,000

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

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

How much staffing is in your area? Admin./Supervisory 1 Faculty 0 Classified 1 Student 7

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 Ø Student Rep. 1 Student Union/Center Ø

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

Rick Trevino
Ventura College
4667 Telegraph Rd.
Ventura, CA 93003

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? _____

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)

- Student Activities Student Government InterClub Council Leadership Course Instructor
 Counselor Student Discipline Athletics Health Services
 Outreach Orientation | EOPS/CARE/CalWORKs | Campus Safety
 Commencement Other: _____

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?

What professional development topics would be of interest to you?



PLC BUSINESS SERVICES

LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: 2015 SEP 15 A 7:33
CCCSAA
~~College~~
c/o Rick Trevino
Ventura College
4607 Telegraph Rd.
Ventura, CA 93003

DELIVERY INSTRUCTIONS: Deliver to Address Below
(Check one) Will Call

REVL FLO1570
9/14/15

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<u>Professional/Institutional</u>					
2	<u>Membership for CCCSAA</u>	<u>1</u>	<u>ea.</u>		<u>75-</u>	<u>75-</u>
3						
4						
5						
6						
7						
8						
9						
10						

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 _____
SALES TAX _____
TOTAL (Not to Exceed \$200.00) 75.00

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 Swinbessy DATE: 9/4/15 Received by: _____ Date: _____
Bus. Unit: GENFD/5300/11 Account: _____ Fund: FL.VS.UFE Org: _____

Requested by: _____ SIGNATURE: _____ DATE: 9/4/15 Program: 69600/00000/2016/OSIC Sub-Class: _____ BY: _____ Proj/Grnt: _____ Amount: \$ 75

Approved: _____ DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 9.15.15 Bus. Unit: _____ Account: _____ Fund: _____ Org: _____

Approved: _____ VICE PRESIDENT, ADMINISTRATION DATE: 9/16/15 Program: _____ Sub-Class: _____ BY: _____ Proj/Grnt: _____ Amount: \$