

25th Annual Students of Color Conference "Moments to Movements #25yearsofpeoplepower"

APPLICATION PACKET

Conference takes place
Spring Quarter
Thursday, April 23 through Saturday, April 25, 2015
Yakima, Washington

Submit completed application to The Office of Student Life Rm. C210 Or email to: smorgan@pierce.ctc.edu

Deadline: Thursday, January 29th by 4:00pm

1

Janury 5th, 2015

Dear Student,

The Office of Student Life would like to invite you to attend the very popular and much anticipated 25th Annual Students of Color Conference (SoCC), 'Moments to Movements: #25yearsofpeoplepower.' The conference will be held in Yakima, WA from Thursday, April 23 – Saturday, April 25, 2015.

The Annual Students of Color Conference (sponsored by the Washington State Multicultural Student Services Directors Council) brings together over 700 students from colleges throughout the state. This conference is a great opportunity for students to learn critical leadership skills, increase their knowledge base, and establish and strengthen their network of contacts.

The conference is guided by five main concurrent educational themes:

- Identity Development
- Awareness of Others
- Skills Development

- Social Justice and Social Activism
- Personal Development

Student requirements to attend the conference are:

- Be currently enrolled at Pierce College Puyallup in at least 5 credits;
- Plan to enroll spring quarter at Pierce College Puyallup in at least 5 credits;
- Have a commitment to personal growth and full participation in the conference activities.

To apply:

- 1. Complete this application packet.
- Submit the completed application packet to C210 or via email to smorgan@pierce.ctc.edu by 4:00pm on Thursday, January 29th, 2015.
 Applications received after this deadline will continue to be accepted and used to establish a waitlist/alternates. Applicants should be notified of their application status by February 13th.

Check your Pierce College Student e-mail regarding SoCC information. If selected, your conference registration, transportation, lodging and food will be funded by Pierce College Student Services and Activities fees. Prior to the conference, you will be required to attend an orientation meeting, where you will learn more details about the conference and have the opportunity to get to know the faculty/staff advisors and other students attending.

Sincerely, Sonja Morgan Student Life Coordinator Pierce College Puyallup 253-840-8415 smorgan@pierce.ctc.edu

25th Annual Students of Color Conference

'Moments to Movements: #25yearsofpeoplepower.'
April 23-25, 2015 ~ Yakima, Washington

DEADLINE for SUBMISSION: 4:00pm on Thursday, January 29th, 2015

Please write clearly- incomplete applications will NOT be considered. Pierce College Puyallup
Students of Color Conference 2015 Application

Office Use Only
Date app received:
Status:

| | Status: |
|--|--|
| 1) Name: | |
| 2) SID:3) P | hone: |
| 4) Email address: | |
| 5) How long do you plan to remain enrol | led as a student at Pierce College? |
| 6) Have you attended this conference pre | eviously? (Circle one) Yes No |
| 7) Will you be under 18 years of age on A | April 25, 2015? (Circle one) Yes No |
| 3) List any campus organizations or clubs | you are involved with: |
| | |
| 9) How do you racially/ethnically identif | y? |
| | What is your preferred gender pronoun? |
| | irst spend some time learning about yourself. |
| | d an identity group session. With which identity |
| group do you most closely identify? (Place | ce an X next to all that apply but please circle the |
| session you plan to attend.) | |
| □ African | □ Mixed Race/Multiracial |
| □ African American/Black | □ Native American/Indigenous |
| □ Asian American | □ Pacific Islander |
| □ Chicano/a, Hispanic, Latina/o | □ White Caucasian |
| □ Islamic | □ Other: |
| □ Middle Eastern | |

| 12) T-shirt size: | | | | | | |
|---------------------------------|---------------------|-----------------------------|--|--|--|--|
| 13) Dietary restrictions: | | | | | | |
| 14) Special needs/accomm | odations: | | | | | |
| 5) Emergency Contact Name: | | | | | | |
| 16) Emergency Contact Relation: | | | | | | |
| 17) Emergency Contact Ph | one Number: | | | | | |
| | | | | | | |
| Print Name | Signature | Date | | | | |
| Print Name Print Name | Signature Signature | Date Date | | | | |
| Print Name Parent/G | | Date f student is under 18) | | | | |

APPLICATION PRIORITY DATE: THURSDAY, JANUARY 29th, 2015







| Why are you interested in attending this conference? | | | | |
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| 2. How will this conference benefit you as a student at Pierce and in your future goals? | | | | |
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Commitment Form for Participation

25th Annual Students of Color Conference

April 23-25, 2015

| □ I am enrolled for at least 5 credits at Pierce College during Winter Quarter 2015 and plan to be enrolled in at least 5 credits at Pierce College during Spring Quarter 2015. (Enrollment will be verified again for Sprign Quarter) |
|--|
| □ I will attend all required conference activities and events. |
| □ If selected I will notify my instructors about my conference participation and arrange to make up any missed coursework. |
| □ If selected I am willing to follow the rules and regulations of the conference or meeting that I an attending and will accept the consequences if I do not adhere to these rules and regulations. I will agree to and sign the SOCC Policies and Procedures Acknowledgement form. |
| ☐ If for some unavoidable reason, my plans change and I find it is impossible for me to attend the conference; I will inform The Office of Student Life no later than 48 hours in advance. |
| □ If I am staying in a room paid by Pierce College, I will not charge anything to it. If I do so, I am liable for all charges. |
| □ I understand that I am representing Pierce College and will conduct myself in a responsible manner and according to the Pierce College Student Code of Conduct. |
| □ I will attend one Informational Orientation Session prior to the conference. If I do not attend the one session, I will not be able to attend the conference. Informational Orientation Session: TBA |
| I will attend the Post Conference Debrief to share my conference experience with the campus community, unless I have class at the scheduled time. Post Conference Debrief: TBA |
| By signing this letter I am committing to the above. |
| Name: Date: |
| |

Lakewood, WA 98498-1999

following waiver.

All students who are attending the conference must read and sign this form as well as the

PIERCE COLLEGE ASSUMPTION OF RISK & RELEASE OF LIABILITY

I, the undersigned, am aware and assume responsibility for my actions in participating in the following activity:

Washington State Students of Color Conference
April 23rd -25th, 2015
Yakima, WA

I hereby agree to fulfill all the terms listed below as a participant in the above event.

- 1. I understand that as Pierce College has in part, or in whole, assisted in supporting this activity, that I am representing Pierce College, and I agree to conduct myself in accordance with the Student Rights and Responsibilities policy. Failure to conduct myself in a manner consistent with this policy may result in my being subject to disciplinary action as provided for under Disciplinary Action (WAC 132K-126).
- 2. I understand that I am participating in the Students of Color Conference at my own risk. I agree voluntarily and without reservation to indemnify and hold harmless Pierce College and its officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent act or omission of an officer, employee, and/or agent of the institution while acting within the scope of their employment or agency, as a result of my participation in the program, including any physical injury or loss thereto.
- 3. I also understand that I am participating in this event as a representative of Pierce College As such a representative, I understand that any actions I take at the event will positively or negatively affect opinions of others about Pierce College and Pierce College Student Programs.
- 4. I further understand that consuming alcohol or using drugs of any kind on any Pierce College owned, leased, rented, or operated vehicle and during any college-sponsored activity, including this event, is prohibited, per the Student Code of Conduct.
- 5. I agree not to leave the event site at any time unless the Event Advisor has given specific prior approval.
- 6. I agree to reimburse Pierce College for all event fees and associated travel, lodging, and meal costs if I fail to comply with the terms listed above and am asked to leave the event.
- 7. In case of emergency, I request that the college contact the person listed below. If family or friends cannot be reached by reasonable methods, I hereby grant permission for agents of Pierce College District 11 to administer, or cause to be administered, emergency measures to sustain life and stabilize my condition while awaiting medical assistance personnel, or my designated family contact person.

| Emergency Contact |
|-------------------|
| Name: |
| Address: |
| |
| Telephone: |

CONTINUED ON BACK

- 8. I certify that I have no physical, medical, mental or emotional impairments, conditions, or concerns that might jeopardize or affect my safety, or the safety of others, related to my participation in this activity.
- 9. I understand that the college nor its agents or employees serve as my guardian or insurer of my safety and understand that the college does not provide any special insurance for my protection.
- 10. In consideration for being allowed to participate in events and activities organized or facilitated by Pierce College, I voluntarily agree to assume all risks involved in using the programs, services, facilities, vehicles, and equipment of Pierce College. I understand that direct supervision by Pierce College staff may not be provided and by using the programs, services, vehicles, and facilities of Pierce College, I expose myself to risk of injuries including, but not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that occur as a result of my use of the programs, services, vehicles, facilities, and equipment of Pierce College that cannot be specifically listed. Further, I recognize that the actions of other users of the facilities may cause harm or loss to my person or property.

EVENT SPECIFIC CONDITIONS FOR PARTICIPATION

- 1. Riding in charter bus from Puyallup to Yakima and back.
- 2. Sitting for long periods of time.
- 3. Walking between hotel and conference center.
- 4. Eating at conference center or making alternate meal arrangements.
- 5. Optional dancing, exercise and other physical movement.

RELEASE OF LIABILITY

I certify that I am of lawful age and competent to sign this statement of Informed Acknowledgement and Consent. I hereby voluntarily sign this document and knowingly assume the risks associated with this activity. I further understand that behavior inconsistent with the terms herein may result in student discipline per the Student Code of Conduct.

In consideration of the right to participate in the Students of Color Conference and the services arranged for me by Pierce College, I have and do hereby assume all the above-mentioned risks and any other risks reasonably arising from my participation in the Students of Color Conference and I agree voluntarily and without reservation to indemnify and hold harmless the state of Washington, the trustees of Pierce College and the officers, employees, and agents of Pierce College from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent act or omission of an officer, employee, and/or agent of the institution while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto. The terms hereof shall serve as a release and assumption of risk for my heirs, administrators, and for all members of my family, including any minors accompanying me. (Parent or legal guardian should sign for all persons under eighteen (18) years of age.)

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents.

I, the undersigned, have read this release/assumption of risk and understand its terms. I execute it as consideration and part payment for the right to participate in the aforementioned program or activity provided for me and with full knowledge that by this document I have waived legal rights that I would have otherwise been entitled to enforce.

| DATED this | day of | | 2015. | | | |
|---|--------|----------------------|-------|--|--|--|
| Student Name (Print) | | Signature of Student | | | | |
| DATED this | day of | | 2015. | | | |
| Signature of Parent or Legal Guardian (If Student is Under 18 Years of Age) | | | | | | |

To be filed with the Office of Student Life at Pierce College Puyallup