



Community College of Denver Student Government Association Nomination Packet For 2017-2018

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Please make sure that you read and understand all requirements for office on page 2.

**Please complete the application and petition form. Return to CCD Student Life, Tivoli 309.
If you have any questions, please call CCD Student Life at
303-556-2597.**

Requirements for Office

All Student Government Members must meet the following eligibility requirements:

1. Must be a currently registered student at the Community College of Denver.
2. Must maintain a **2.75 cumulative** grade point average.
3. All candidates will be required to attend a mandatory orientation meeting. They will be notified in advance of the date and location of the orientation meeting.

The **President, Vice President, and Treasurer** must meet the following *additional* eligibility requirements:

1. Must have completed no less than twelve (**12**) credit hours at CCD.
2. Must be enrolled in no less than six (**6**) credit hours per semester at CCD.

The **Student Advisory Council to the Auraria Board (SACAB)** must meet the following *additional* eligibility requirements:

1. Must have completed no less than twelve (**12**) credit hours at CCD.
2. Must be enrolled in no less than twelve (**12**) credit hours per semester at CCD.
3. Must have been a resident in the State of Colorado for at least three (**3**) consecutive years prior to his/her election.

The **State Student Advisory Council (SSAC)** must meet the following *additional* eligibility requirements:

1. Must have completed a minimum of twelve (**12**) credit hours at CCD.
2. Must be enrolled in no less than nine (**9**) credit hours at CCD.

The **Student Representatives for Auraria, Lowry, and AMC** must meet the following *additional* eligibility requirements:

1. Must be enrolled in no less than six (**6**) credit hours per semester at CCD.



All candidates will be required to attend a mandatory orientation meeting. They will be notified in advance of the date and location of the orientation meeting.

All candidates should familiarize themselves with the duties and responsibilities of the office they are seeking. Descriptions of the duties and responsibilities for each position may be obtained from the Office of Student Life during normal business hours.

All elected officers are required to attend the Fall and Winter retreats and trainings. The dates will be determined by the SGA officers and advisors.

The term of office for all Student Government members elected for the 2017-2018 academic year will be **June 1, 2017 through May 31, 2018.**

The following positions are open for 2017-2018:

- **President**
- **Vice-President**
- **Treasurer**
- **Student Advisory Committee to the Auraria Board (SACAB), 2 positions**
- **State Student Advisory Council (SSAC), 2 positions**
- **Auraria Campus Student Representative, 5 positions**
- **AMC Student Representative, 1 position**
- **Lowery Campus Student Representative, 1 position**
- **Parliamentarian**

**PLEASE RETURN COMPLETED APPLICATION TO
CCD STUDENT LIFE IN TIVOLI 309**



STUDENT GOVERNMENT APPLICATION

INSTRUCTIONS:

Please complete the application and petition form. Return to CCD Student Life, Tivoli 309. If you have any questions, please call CCD Student Life at 303-556-2597.

Name:	Date:	
Mailing Address:	City:	ZIP:
Home Phone:	Work Phone:	
Cell Phone:	Email Address:	
Student Identification Number:		
Major:	Expected Graduation Date:	
Beginning Date at CCD:	Total Number of Credits Completed at CCD:	
Cumulative GPA	Are you a Colorado Resident?	
	<input type="radio"/> Yes <input type="radio"/> No	

Please read and sign below:

"I have read and agree to the requirements for office and the application procedures. I understand that failure to comply with these requirements will be grounds for disqualification from candidacy and/or dismissal from office at any time. I hereby state that the above information is correct and allow release of the above information to the CCD Election Commissioner and/or Associate Dean of Student Life or his/her designee."

Candidate Signature: _____ Date: _____

STUDENT GOVERNMENT PETITION FOR NOMINATION

I, _____, wish to announce my candidacy for the office of
NAME

_____ for the Community College of Denver's
POSITION
Student Government.

..... Candidate Instructions:

To complete your nomination packet you are required to obtain a minimum of 25 signatures from students currently enrolled at the Community College of Denver. The names and student numbers from this packet will be verified with school records. You are strongly encouraged to obtain more than the 25 required signatures in case one or more of the signatures are invalid. Failure to have the required 25 signatures will result in removal of your nomination.

.....
"We, the undersigned students of CCD, wish to support the above named person for office in the CCD Student Government. I have not signed more than this one petition for this office. I am officially registered at CCD."

	PRINT NAME	SIGNATURE	STUDENT ID #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____



	PRINT NAME	SIGNATURE	STUDENT ID #
17.			
18.			
19.			
20.			
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22.			
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32.			
33.			
34.			
35.			

Candidate Name: _____Position: _____



STUDENT GOVERNMENT STATEMENT OF INTENT

This statement will be posted so students may read it before voting. Please type and email your statement to amerjil@student.cccs.edu

I, _____, submit this statement (500 words or less), outlining my qualifications and intent as a Representative on the Community College of Denver's Student Government.



ATTACHMENT A

COLORADO COMMUNITY COLLEGE SYSTEM CRIMINAL RECORD DISCLOSURE

Please Print on all forms

In connection with your application for or current employment, we may procure a criminal record and, if applicable to the employment you are applying for, a credit check or driving history report on you as part of the process of considering your suitability for employment with the Colorado Community College System. In the event that either or both of these reports are utilized in whole or in part in making an adverse decision with regard to your potential or current employment, before making the adverse decision, we will provide you with a copy of the criminal record, credit check and/or driving history report as well as a description in writing of your rights under the law.

The Colorado Community College System also reserves the right to conduct a background check on a current employee.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached document.

By your signature below, you hereby authorize us to obtain a criminal record and, if applicable to current employment or the employment you are applying for, a credit check or driving history report on you in order to consider your employment with the Colorado Community College System.

Applicant's Name:

(Please Print)

Applicant's Address:

City/State/Zip:

Adult criminal convictions, guilty or no loe contendra pleas, deferred adjudications or deferred judgments from the age of 18 must be reported on the reverse side of this form. If the verification results show that false statements, including omission(s), were made, then application for employment, as well as any actions based on it, will be voided and the person will not be eligible for future employment with the Colorado Community College System.

Signature:

Phone



COLORADO COMMUNITY COLLEGE SYSTEM CONVICTION DETAIL

Important Instructions:

- You must list all adult criminal convictions, guilty or no loe contendra pleas, deferred adjudica-tions or judgments.
- If the position you are applying for involves the operation of a state vehicle, you must list all adult driving offenses and convictions.
- Complete one section for each conviction, guilty or no loe contendra plea, deferred adjudication or judgment.
- Each reported record must be fully completed. Leave no blank spaces.
- Please attach a separate page if additional space is needed.
- You may not be able to modify this form later.

If you have no convictions, guilty or no loe contendra pleas, deferred judgments and/or deferred adjudications or applicable driving offenses to report, please check here and sign below. ☐

Convictions, Guilty or No Loe Contendra Pleas, and/or Deferred Judgments or Adjudications

Date (mm/yyyy) _____

Location (city, state) _____

Type of offense _____

Name of court _____

Nature of offense _____

Date (mm/yyyy) _____

Location (city, state) _____

Type of offense _____

Name of court _____

Nature of offense _____

Date (mm/yyyy) _____

Location (city, state) _____

Type of offense _____

Name of court _____

Nature of offense _____

I certify that the statements made by me in this section are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein, including omissions, will void my application and any actions based on it and I will not be eligible for future employment with the Colorado Community College System.

Print Name

Signature

Date



COLORADO COMMUNITY COLLEGE SYSTEM RELEASE AUTHORIZATION

ATTACHMENT B

1. In connection with my employment or application for employment, I understand that Colorado Community College System may procure a criminal record and, if applicable to the employment I am applying for, a credit or driving history report on me as part of the process of considering my suitability for employment with the Colorado Community College System. In the event that any of these reports are utilized in whole or in part in making an adverse decision with regard to my employment or potential employment, before making the adverse decision, the Colorado Community College System will provide me with a copy of the criminal record, credit history and/or driving history report as well as a description in writing of my rights under the law.
2. According to the Fair Credit Reporting Act, I am entitled to know if action is taken or employment is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
4. I hereby authorize, without reservation, any law enforcement agency, governmental agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Colorado Community College System, or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name _____
Last First Middle

Please print other names you have used and when they were last used

Social Security Number Date of Birth

Sex: ☐ Male ☐ Female

Race: ☐ Black, non-Hispanic ☐ American Indian or Alaskan Native ☐ Native Hawaiian/Pacific Islander
☐ Hispanic or Latino ☐ White, non-Hispanic ☐ Asian

Drivers License Number State Issuing License

Name as it appears on license

Address information for the past 7 years must be reported on the reverse side of this form. If the verification results show that false statements, including omission(s), were made by the applicant, then his or her application for employment, as well as any actions based on it, will be voided and the person will not be eligible for future employment with the Colorado Community College System.

Signature Date



COLORADO COMMUNITY COLLEGE SYSTEM ADDRESS INFORMATION

Present Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Have you lived outside of the state of Colorado in the last seven (7) years? ☐ yes ☐ no

If yes, please list all previous addresses outside of Colorado within the past seven (7) years and the amount of time spent at each address:

Previous Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Previous Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Previous Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Previous Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Previous Address _____ / _____
Street City State Zip County

How long did you live at this address? _____

Previous Address _____ / _____
Street City State Zip County

I certify that the statements made by me in this section are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein, including omissions, will void my application and any actions based on it and I will not be eligible for future employment with the Colorado Community College System.

Print Name

Signature

Date



ATTACHMENT C

**COLORADO COMMUNITY COLLEGE SYSTEM
GENERAL RELEASE AND AUTHORIZATION**

I, _____, for myself, my successors, agents and estate, hereby release the State of Colorado, the State Board for Community Colleges and Occupational Education (SBCCOE), Colorado Community College System, including the state community colleges and the central System office, and all current and former employees, agents and attorneys of the State of Colorado from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of my undergoing an employment or pre-employment background and reference check by the Colorado Community College System.

Furthermore, I hereby authorize any former employer and/or agents of a former employer, to provide said information to any representative of the Colorado Community College System upon request.

Furthermore, I _____, for myself, my successors, agents and estate, hereby release any former employer and/or any agents of a former employer from any and all claims, causes of action, liabilities, expenses and for damages which I may assert against any of them as a result of the information they provided to the Colorado Community College System as part of employment or pre-employment background and reference checking on me.

Furthermore, I understand that this release shall be forever binding and no rescission, modification or release therefrom may be made without the express written consent of the Colorado Community College System and SBCCOE.

A photocopy of this release will be sufficient to authorize the release of the aforementioned information.

Signature

Date

Delma 12/10/10

Office Eligibility Check

For Office Use Only

Candidates Name:

	<i>Comments</i>	<i>Date Checked/ Initial</i>
Date submitted		
Candidates meeting		
Petition signatures		
<u>Eligibility</u>		
Cum. GPA		
Credit Hours Completed		
# Credit hours this term		
Position Requirements		
Publicity approved?		
Verified by:		Date: