



CONTRA COSTA COLLEGE

Contra Costa Community College
2600 Mission Bell Dr.
San Pablo, CA. 94806

Contra Costa Community College District Contra Costa College

ADVISOR'S/DESIGNEE'S FIELD TRIP RESPONSIBILITY FORM

Name of Advisor(s)/Designee(s): _____ Primary Advisor/Designee Co-Advisor/Designee

ASU /ICC Club / Department: _____

Field Trip Participants: _____ Total # of students: _____ Total # of Advisors/Designees (FT/PT): _____

Destination Name: _____ Phone: _____

Destination Address: _____
(Street) (City) (State) (Zip)

Departure: _____
(Date) (Time) (Departure Location – Group meeting place)

Arrival: _____
(Date) (Time) (Departure Location – Group meeting place)

Advisors' Designees' Responsibilities:

1. Note your responsibilities in regard to students whom you accompany, student conduct and transportation arrangements. Also read the ASU/ICC Field Trip Forms: STUDENT AGREEMENT, MEDICAL CONSENT, and CONSENT AND RELEASE FORMS
2. The Primary-Advisor/Designee is responsible for disbursement and accounting of all CCC-ASI/ICC/Department funds expended for field trips.
3. Students under the age of 18 years old will need to have their parent/guardian sign the Contra Costa Community College STUDENT AGREEMENT, MEDICAL CONSENT and CONSENT AND RELEASE FORMS.
4. The following forms **must be kept in the Primary Advisor's/Designee's possession during the field trip.**
 - STUDENT AGREEMENT, MEDICAL CONSENT, CONSENT AND RELEASE, AND STUDENT ROSTER FORMS.

PLEASE READ AND UNDERSTAND THE FOLLOWING:

- We recommend the student/advisor/designee ratio to be one (1) advisor/designee for every fifteen (15) students.
- Advisors/Designees must be present at all times during the student field trip.
- Co-Advisor/Designees attending the field trip, who are assisting the Primary-Advisor/Designee, must complete this form also.
- Advisors/Designees may be part-time faculty or full-time faculty, manager, administrator or full-time classified employees.

Contra Costa Community College appreciates your service as an advisor/designee to the CCC-ASU/ICC/Department you are involved with and appreciates the commitment of your time in helping CCC students become better informed and educated through these supervised activities.

Your signature on this form indicates that you have read this form, the enclosed/named materials and will supervise the trip in accordance with the Contra Costa Community College policies and regulations.

Above Named Advisor's/Designee's Signature: _____ Date: _____

Student Life Department: _____ Date: _____

Dean of Student Services Signature: _____ Date: _____