



Staff Council General Membership

Name: _____

(Please Print)

Please complete the following:

- 1. Years of employment at Cal Poly: _____
- 2. Department: _____ Ext: _____ Email: _____
- 3. Job Title: _____ Location: _____ Fax: _____
- 4. Brief statement as to why you would like to be a member of Staff Council and/or how you heard about us.

By signing and submitting this application, I accept any and all obligations of membership. This includes attending Staff Council monthly meetings, with meetings occur 8-11 times a year. Meetings will be either in-person or via Zoom/Teams. Meetings are scheduled every third Thursday of the month from 12-12:50 pm. Actively participate on committees and volunteer events throughout the year. The average expected time commitment will be 1-2 hours a month with up to 4 hours a month during Staff Council events such as SAW (May), the annual toy drive (December) and Service Awards (August).

Signature: _____ Date: _____

Supervisor: By signing below I, as the immediate supervisor of the above-named person, acknowledge and agree to their candidacy.

Signature: _____ Title: _____

PLEASE COMPLETE AND SEND ELECTRONICALLY TO:
 Pearl Viggers, Staff Council Membership Secretary
pdviggers@cpp.edu, x4080, 4-2-774