Minutes

Location
Hartnell College
411 Central Ave
Salinas, CA 93901
Student Lounge

Date and Time
Tuesday, April 9, 2013
2:00pm

NOTICE IS HEREBY GIVEN that the Associated Students of Hartnell College Student Senate will hold a meeting on the above stated date and time. If you have any questions please contact Jorge Cruz, ASHC Executive Vice President via email: jorgecruz_10@yahoo.com or Delia Edeza, ASHC Interim Advisor via email: dedeza@hartnell.edu

IF YOU HAVE A DISABILITY please contact the ASHC the Friday before the upcoming meeting so that we may accommodate you.

I. ORGANIZATIONAL ITEMS

1.01 Call to Order
The meeting was called to order at 2:03 pm.

1.02 Roll Call

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<tbody>
<tr>
<td>President Ross</td>
<td>P</td>
<td>VP Lomeli</td>
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<td>EVP Cruz</td>
<td>P</td>
<td>Senator Solarte</td>
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<td>VP Stephens</td>
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<td>Senator Barajas</td>
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<td>VP Camacho</td>
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<td>Senator Davis</td>
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<td>VP Munoz</td>
<td>P</td>
<td>Senator (Vacant)</td>
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1.03 Adopt Agenda

Motioned Camacho       Second Stephens       Result Unanimous
EVP Cruz amended the agenda; moving a new item: 4.01 Calculator Program presented by Dr. Locke as the first item of NEW BUSINESS. VP Munoz added 4.07 Reimbursement for Week of Young Child Purchase. President Ross added 4.08 Faculty Appreciation Luncheon. Items 4.09 Cafeteria Concerns and 4.10 Veteran's Club were also added to the agenda.

1.04 Adopt Minutes
The 3/19, 4/2, and 4/5 minutes were all presented and voted on to be adopted.
Motioned Munoz    Second Barajas       Result Unanimous

Note- AGENDA REQUESTS must be submitted by 5pm, the Thursday before the meeting at which the item is to be discussed or taken action on. Agenda request forms are located outside the ASHC office in HCC 140.
II. PUBLIC COMMENTS
This time is reserved for members of the public to address the ASHC Senate. All public comments are limited to three (3) minutes. No action will be taken on these items unless it is scheduled. Please note once public comments are closed, members from the public will only be recognized at the Chair’s discretion. Furthermore, the members of the Senate cannot respond to any public comments.
-Student Laura Contreras introduced herself and expressed her interest in joining the ASHC Senate. Also, students Nick Bogden and Nadine Natividad introduced themselves and presented that they are interested in starting a Hartnell Anime Club. They are looked for a club advisor.

III. UNFINISHED BUSINESS

3.01 Swear In
EVP Cruz
This item was to swear in Juan Carlos Munoz, Maria Lozano, and Jeremiah Pressey each to the positions of Senator at Large. Jeremiah Pressey was not present. Juan Munoz has decided not to participate in the ASHC Senate. Maria Lozano was sworn in and welcomed by EVP Cruz.

3.02 Purchase for Caps & Gowns
VP Lomeli
This item was to approve a budget to take to the cleaners for the cap and gowns to be cleaned before graduation. The quotes VP Lomeli presented were the quotes presented originally by Advisor Edeza. Student Trustee Duran expressed a possible option of purchasing more caps and gowns. The budget is not to exceed $100.
Motioned: Stephens
Second: Lozano
Result: Pass, Unanimous

3.03 Purchase the Medallion & Sash
Advisor Edeza
This item was to approve the purchase of medallions and sashes for members of the ASHC Senate members who will be graduating. The cost of one medallion is $18. Medallions will be engraved and presented during the ceremony.
Motion: Lozano
Second: Barajas
Result: Pass, Unanimous

IV. NEW BUSINESS

4.01 Calculator Program
Dr. Locke
This item was to approve taking on the Calculator Program that was being administered by the Math Department. Dr. Locke, who had previously presented the opportunity for the ASHC Senate, presented information requested at her past presentation. The Calculator Program has seen a 5-10% loss and possesses close to 100 calculators. The ASHC Senate will now have full access and flexibility to enforce and to design the program. The Calculator Program will be follow closely with the Booklenders Program. President Ross and Senator Barajas endorse the ASHC Senate consolidation of the program. Mr. Perkins is to be contacted as well.
Motion: Stephens
Second: Davis
Result: Pass, Unanimous

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OATH OF ALLEGIANCE FOR
ASSOCIATED STUDENT GOVERNMENT
OF
HARTNELL COLLEGE

I, Maria Liang, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California; that I bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

I also solemnly swear (or affirm) that I will support and defend the Constitution of the Associated Students of Hartnell College. That I will conduct myself in a professional manner becoming an officer or representative of the student body of Hartnell College. While in office, I will not use alcohol/drugs while attending school functions of campus or of campus. I will not become involved in any actions that would be detrimental to Hartnell College or its student body. I will follow and abide by the Governing Board Policies and Procedures.

Code of Ethics:

1. Treat all members of the student body and your fellow officers with respect at all times.
2. Do not display personal prejudices or grudges in public meetings.
3. Make every reasonable effort to attend Senate meetings.
4. Participate and support activities of the Senate and the chartered campus clubs.

Signature of Student Government Member

189 Circle Dr
Mailing Address
Salinas CA 93905

Senator
Position/Title

Taken and subscribed before me this____day of____

Signature of Person Administering Oath
HARTNELL COMMUNITY COLLEGE DISTRICT
VOLUNTARY FIELD TRIP / EXCURSION FORM

STUDENT EMERGENCY MEDICAL AUTHORIZATION

NAME (print)                   ACTIVITY

DESTINATION El Sausal Middle School     4/10-4/13

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, that participating in voluntary field trip(s)/excursion(s), I am deemed by law to hold harmless the District, its officers, agents, and employees from any and all liability or claims arising out of or in connection with my participation in this activity. I further understand that participation in a field trip/excursion is completely voluntary.

EMERGENCY CONTACT:
Name: Emesto Yzaguirre (Sr.)     Phone: (W) 661-2400
Address: 1042 Carner Ave         Phone: (H) 53175 7-6751

In the event of any illness or injury, I hereby authorize and consent to examination and treatment as deemed necessary for my safety and welfare. It is understood that I will be responsible for the resulting expenses. I agree to advise the District in writing of any medical, physical or health condition that may be affected or in any way be jeopardized by participating in a specific field trip/excursion.

Medical Insurance Carrier
Insurance Address
Policy No.
Phone No.

☐ No Personal Medical Insurance

STUDENT TRANSPORTATION ACKNOWLEDGMENT & RELEASE

☐ Although the District is providing student transportation I do not wish to utilize the transportation provided.

☐ I understand and accept that for good and sufficient reasons, the District is not providing student transportation to and from the activity described above and acknowledge and understand the following:

that unless specifically advised otherwise, the District is not providing the transportation, and it is my responsibility to arrange my transportation to and from the activity. I acknowledge that I will be responsible for my own transportation at my own expense as an individual or with other students. I will, in no respect, rely on the instructor or other District employees for direction, supervision, selection, or coordination of my transportation, travel times or routes. I understand that it is optional to accept any recommendations or travel assistance. It is further understood that neither I, the driver, nor the provider of transportation is acting as an officer, employee, agent or on behalf of the District, and that the District has not verified the driving record of the driver, the liability insurance on the vehicle or the condition of the vehicle.

☐ The District is providing student transportation and this signed documentation is proof of my participation.

I understand that the District does not assume liability for any injury resulting from my transportation. I fully acknowledge and agree that the District cannot and will not be responsible for my needs or wellbeing when I am not under the direct supervision of District personnel during the activity or while being transported to or from the activity.

Student Signature: ___________________________ Date: 4/10-4/13
Address: 1042 Carner Ave     Phone: 66178 - 6675

If student is under 18 years of age, this form must be read and signed by parent or guardian.

Signature of Parent or Legal Guardian
Date

Keep copy at: Instruction Office/VP Student Services and Instructor/Advisor
Attach copy to PR and send to Business Office

Form: Field Trip and Medical Authorization Revised 2-15-13
R:/BUSINESS SERVICES/Field Trip Forms and Documents
HARTNELL COMMUNITY COLLEGE DISTRICT
VOLUNTARY FIELD TRIP / EXCURSION FORM

STUDENT EMERGENCY MEDICAL AUTHORIZATION

NAME (print) Pablo Tavarez
ACTIVITY

DESTINATION El Sausal Middle School
DATES 4/24/13

I understand that pursuant to the California Code of Regulations, Subchapter 5, Section 55450, that participating in voluntary field trip(s)/excursion(s), I am deemed by law to hold harmless the District, its officers, agents, and employees from any and all liability or claims arising out of or in connection with my participation in this activity. I further understand that participation in a field trip/excursion is completely voluntary.

EMERGENCY CONTACT:

Name Miguel Tavarez
Address 551 Roosevelt St unit A
Phone: (W) 531-753-6686
Phone: (H) 531-238-2445

In the event of any illness or injury, I hereby authorize and consent to examination and treatment as deemed necessary for my safety and welfare. It is understood that I will be responsible for the resulting expenses. I agree to advise the District in writing of any medical, physical or health condition that may be affected or in any way be jeopardized by participating in a specific field trip/excursion.

Medical Insurance Carrier
Policy No.
Insurance Address
Phone No.

☐ No Personal Medical Insurance

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that unless specifically advised otherwise, the District is not providing the transportation, and it is my responsibility to arrange my transportation to and from the activity. I acknowledge that I will be responsible for my own transportation at my own expense as an individual or with other students. I will, in no respect, rely on the instructor or other District employees for direction, supervision, selection, or coordination of my transportation, travel times or routes. I understand that it is optional to accept any recommendations or travel assistance. It is further understood that neither I, the driver, nor the provider of transportation is acting as an officer, employee, agent or on behalf of the District, and that the District has not verified the driving record of the driver, the liability insurance on the vehicle or the condition of the vehicle.

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Student Signature: Pablo Tavarez
Date: 4/12/13
Address: 551 Roosevelt St unit A
Phone: (831)-676-7444

If student is under 18 years of age, this form must be read and signed by parent or guardian.

Signature of Parent or Legal Guardian
Date

Keep copy at: Instruction Office/VP Student Services and Instructor/Advisor
Attach copy to PR and send to Business Office

Form: Field Trip and Medical Authorization Revised 2-15-13
R:\BUSINESS SERVICES\Field Trip Forms and Documents