

Student Health Advisory Council (SHAC) Agreement
Student Health Services
Illinois State University

The Student Health Advisory Council (SHAC) is a student organization affiliated with Student Health Services. The SHAC group meets 7-8 times a year, and there are many volunteer/outreach opportunities each semester.

As our organization continues to grow, we want to continue to promote involvement with the activities and meetings that SHAC holds and is a part of. Because of this, we have created some criteria we hope each student will take responsibly in order to be an active member of SHAC.

- A. Possess an active interest in health care issues and a desire to participate actively as a member of the council.
- B. Be willing to provide contact information requested by SHS and respond to calls and messages concerning the business of the council.
- C. Be willing to sign and abide by a confidentiality agreement.
- D. Be willing to be trained in and abide by health care privacy and security laws, rules, and regulations as may be necessary to facilitate open discussion of business before the council.
- E. To accrue no more than 2 unexcused absences with-in the semester. In the event of an absence, the SHAC member is expected to notify the SHS liaison in advance. Every effort is made to coordinate and schedule meetings to fit the councils' schedules. Due to the growth of the group, meeting schedules may not work for some. We do understand this and take this into account for any absences SHAC members may have.
- F. Each member must commit to 5 meetings or volunteer activities each year. This will be recorded by our membership coordinator. This commitment ensures active and accountable SHAC members.
- G. Plan to be eligible for the full term, as described below. *Special appointments for those in leadership positions.

We hope that SHAC members will see their position on this organization as a committed, responsible effort to promote the health-related issues on campus and to represent the student body by serving as liaisons between the student body and SHS administration.

If you agree with the points mentioned here, please sign and date below.

X _____ Date: _____