

**Standards of Excellence**  
**Standard 8 – Management of Risk & Social Host Responsibilities**

- *Chapter will have at least 1 member of their chapter trained as a Sexual Assault Advisor.*

*Due November 8, 2009*

Chapter: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

***Please list the name and contact information of at least 2 chapter members who are trained as Sexual Assault Advisors. If there are more than 2 members in your chapter that are trained please attach additional sheets with their contact information.***

**Sexual Assault Advisor 1**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**For Office use only**

*Advisor:* \_\_\_\_\_ *Date Standard Completed:* \_\_\_\_\_

*Notes:* \_\_\_\_\_

\_\_\_\_\_