



AFFINITY GROUP REQUEST FORM

Instructions:

1. Review the “1013 College-Authorized Affinity Group” procedure for eligibility and operational requirements.
2. Provide the information requested below, including signature of acknowledgement.
3. Submit the completed form to hr@shoreline.edu .

Following review by the Executive Team for the College, the identified point of contact for the group will be notified regarding the outcome of this request.

Affinity Group Name	Affinity Group Point of Contact	Point of Contact Email
When will you meet?	What times?	Where?

Brief explanation of the affinity group being proposed:

Brief explanation of how the group will support employee inclusion, belonging and engagement at the College:

Acknowledgement & Agreement Statement

I have read through and agree to comply with the eligibility and operational requirements outlined in the Authorized Affinity Groups procedure, and understand that if approved I will serve as the point of contact for the group as well as ensure the group and members comply with the College requirements.

I also understand that the authorization for this affinity group may be revoked at any time should the group or its members fail to comply with the Affinity Group requirements.

Employee Signature	Date
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