



# UNIVERSITY OF CENTRAL FLORIDA

## FRATERNITY AND SORORITY LIFE

### 3<sup>rd</sup> Party Vendor Agreement

Fraternity and Sorority Life at the University of Central Florida (UCF) began its proud journey in the Spring Semester of 1971. With a 41 year history here at UCF, we are very proud of our rich history and contributions on and off campus. The opportunities that lie in the fraternity and sorority experience encompass leadership, service, social and civic engagement, academic success, and more – it's a comprehensive experience!

#### **Mission, Vision & Values**

Our **mission** is to provide a quality and safe undergraduate fraternal experience that enhances student development through the active advising of student leaders. We endeavor to provide opportunities that will create life-long bonds through the principles encompassed in our fraternal values. In addition, Fraternity and Sorority Life is committed to establishing and maintaining positive relationships and partnerships with the administration, faculty, local community, alumni, and between the various local and (inter) national Greek organizations. Students are encouraged to hold themselves and others accountable for the choices they make, and place equal emphasis on the philanthropic, educational, personal development, and social aspects of membership in a values-based Greek organization.

Our **vision** is to be a premier Greek community that fosters an inclusive environment committed to academic excellence, community engagement, personal and leadership development in a safe and supportive environment; while utilizing university and local community partnerships.

Our **values** are the UCF Creed: Integrity, Scholarship, Community, Creativity and Excellence. We also value Inclusiveness, Friendship and Leadership.

#### **Accountability Agreement:**

The Third Party Agreement shall be completed by all vendors' wishes to be listed as an approved vendor for the University of Central Florida (UCF) fraternity and sorority community. By signing this form, you are agreeing to abide by Federal, State, and local laws governing the distribution and use of alcohol at your said establishment. Furthermore, you are ensuring that on duty staff will take every precaution to ensure appropriate risk management procedures are in place and enforced.

The following information shall be completed by the main contact person for the venue/vendor. The person listed on the form will be contacted if information is invalid or incomplete, and will be responsible for providing all required information in order to seek **vendor approval**. *The approved vendor list can be found on our website at <http://fsl.sdes.ucf.edu/>.*

#### **Violations of 3<sup>rd</sup> Party Vendor /Chapter Accountability Agreement:**

- First Violation: Greek Organizations will not be allowed to use the vendor for 1 month
- Second Violation: Greek Organizations will not be allowed to use the vendor for 1 academic semester
- Third Violation: Greek Organizations will not be allowed to use the vendor for 1 academic school year. The vendor will be removed from **approved vendor list**.

### 3<sup>rd</sup> Party Vendor/Chapter Accountability Agreement

In signing this form on behalf of \_\_\_\_\_, I am agreeing that this establishment will  
(Name of Establishment)  
 host registered event involving alcohol on \_\_\_\_\_ for \_\_\_\_\_  
(Date of event) (Greek Organization)

I understand that as the host venue of this event, I am responsible for ensuring that the establishment staff enforces local, state, and national laws. I also agree to contact Fraternity and Sorority Life at UCF (407-823-2072) if the participating chapters cause excessive trouble for the establishment and its staff. Such trouble can include, but is not limited to:

- Attempted use false identification
- Bringing in outside alcohol into the establishment
- Inappropriate behavior
- Damaging establishment property
- Providing alcohol to underage guests

In addition, I also agree to ensure that the management and staff of \_\_\_\_\_ will  
(Name of Establishment)  
 complete the following steps in order to remain in good standing for future registered UCF Greek events:

- Identification will be checked at the door
- Guests will be monitored, and those who are exhibiting inappropriate behavior will not be allowed to further partake in consuming alcoholic beverages and will be required to exit the establishment
- I have provided proof of my establishment's \$1 million (minimum) insurance policy
- I have provided a copy of my establishment's liquor license

In order to ensure the validity of this agreement, the establishment manager and the Greek organizations' social chair, risk management chair, and president, must sign and date this agreement below:

|                                   |                |        |
|-----------------------------------|----------------|--------|
| (Establishment Manager Signature) | (Printed name) | (Date) |
| (President Signature)             | (Printed name) | (Date) |
| (Risk Manager Signature)          | (Printed name) | (Date) |
| (Social Chair Signature)          | (Printed name) | (Date) |

This form must be submitted to the Fraternity and Sorority Life Office no later than five business days before the registered event.

|   |                        |
|---|------------------------|
| <b>OFFICE USE ONLY</b>  | <b>DATE STAMP HERE</b> |
| Approved by: _____ Date Approved: _____<br>Comments: _____<br><br>Date Chapter Emailed (circle) Approved / Not Approved _____<br>By _____ |                        |