SIGHT groups may be formed at the following IEEE organizational unit (OU) levels:

- **IEEE Societies may form SIGHT group(s)**
  - Approval is required from Society President and SIGHT Steering Committee (SSC)

- **IEEE Technical Councils may form SIGHT group(s)**
  - Approval is required from Council President and SSC

- **IEEE Sections may form SIGHT group(s)**
  - Approval is required from Section Chair and SSC

- **IEEE Geographic Councils may form SIGHT group(s)**
  - Approval is required from Council Chair and SSC

- **IEEE Regions may form SIGHT group(s)**
  - Approval is required from Region Director and SSC

- **Universities may form SIGHT group(s)**
  - Approval is required from Student Branch Counselor and SSC
  - Faculty lead is required if Student Branch Counselor is not actively involved in group

**Guidelines:**

- Organizational Units (OUs) may prefer to have multiple SIGHT groups to address distinct issues. The SSC will review all SIGHT group petitions for appropriateness and has the right to reject a proposal if it does not meet the requirements.

- Each SIGHT group **must** have an IEEE member who is the formal liaison with the SSC.

- For SIGHT Groups at Universities, Section Chairs will be notified of submission. Seed grant, and other funding, will flow through the local Section.

**The petition to establish a SIGHT shall contain the following:**

- Name of the IEEE Parent OU (e.g. Society/Section/Technical Council/Geographical Council/Region).
- Name and contact information of the organizer who will serve as interim Chair pending election of a regular Chair at a later organization meeting. The organizer shall be of an IEEE Graduate Student Member or of a higher-grade statute and **must** be an IEEE member.
- Signatures of at least six (6) IEEE voting Members who are Members of the IEEE Parent OU involved.
- The mission/goals and proposed activities for the first year.
- Signature of the Parent OU Chair/President/Director and interim Chair of SIGHT group.

All petitions will be reviewed by the SIGHT Steering Committee.

**SUBMIT COMPLETED PETITION TO SIGHT@IEEE.ORG**
We, the undersigned, who are members of the above IEEE OU, hereby petition for approval to form a new SIGHT group.

** 6 QUALIFIED PETITIONERS ARE REQUIRED FOR A SIGHT FORMATION.  **

*By signing, we acknowledge that this information will be used for SIGHT communications.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Member Number</th>
<th>Signature of Petitioner</th>
<th>Email Address</th>
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IEEE Special Interest Group on Humanitarian Technology

PLAN OF ACTIVITIES FOR PROPOSED SIGHT

Please provide the following information for the proposed group. Please reference the SIGHT toolkit for guidance on answering these questions. Answers to these questions need not be fully formulated; rather the SSC is looking to see whether thought has gone into the creation of this group.

1. What is your initial understanding of the needs of the community with which you wish to work? In what possible ways do you imagine addressing those needs?

2. How do you plan to engage the local community?

3. How else will you work to build the capacities of your group?

4. What efforts will your group engage in to build your humanitarian professional development and training?

5. Signatures required below indicating approvals for the group plan. By signing, we understand that an
annual report will be due each year to IEEE to remain in good standing as a SIGHT group.

<table>
<thead>
<tr>
<th>Interim Chair of Proposed SIGHT Group - Printed Name:</th>
<th>Signature:</th>
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<th>Chair/President/Director/Student Branch Counselor of Parent OU - Printed Name and OU Title (ex: Name, Chair, IEEE Kerala Section):</th>
<th>Signature:</th>
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<th>For SIGHT at Universities, if Faculty Lead is not listed above - Printed Name:</th>
<th>Signature:</th>
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**Contact Information of SIGHT Group Organizer**

The following individual is serving as the Organizer of the SIGHT. The organizer must hold the grade of Graduate Student Member, Member, Senior Member, or Fellow.

Name: ___________________________________________ Member #:/Grade: ______________________

City: __________________________________________________________________________________

State/Province: __________________________________________________________________________
Postal Code: _____________________________________________________________________________
Country: ________________________________________________________________________________

Email: ___________________________________________ Phone: ___________________________________