2. **Minor on Campus Policy Requirements**

   A. **Requirements for Programs: (Section VII (A)). (Check All That Apply)**

   1. Do you have the written approval of the Vice President for Student Development or the head of your department to conduct this Program? (Section A (16)). _____ if not, stop. If so, attach document.

   2. Have you created a list of **All** participants and **All** staff involved in this Program. (Section A (2)). _____ if not, stop. If so, attach document. This list must be updated with any changes prior to the commencement of the Program and up to and including the completion of the Program.

   3. Have you gathered and or distributed the following information from Minor Participants or their Parents or Legal Guardian's (Answer all questions)

      a. Provide contact information to parent and instruction for picking up the minor at the conclusion of the program. (Section A (3)). _____

      b. Distributed the Policy and Rules of Conduct to all participants, staff and parents and legal guardians. (Section A (1 &4). _____

      c. Inquiry and obtained all necessary Medical Treatment Authorization Form information concerning physical and mental limitations and dietary restrictions of Minor Participants. (Section A (2 & 5). _____

      If you answered "NO" to any question, stop. If you answered yes to all question, attach documents related to 3(c) and continue.

   4. Concerning your staff that will work during this Program, have you completed the following tasks? (Answer all questions)

      a. Designated a "Program Coordinator" who is responsible for overall compliance with this Policy and supervising staff _____? **AND** provided written documentation that this person has successfully passed a background check for criminal activities including sexual crimes. (Section A (6, 7 & 8)). _____

         If not, stop. If yes, print name of Program Coordinator_____ Date____ and attach background documentation.

      b. Designated the appropriate ratio of staff members over 21 years of age who have passed a background check to oversee all staff instruction to minors _____? **AND** who have been instructed to prohibit all one-on one-contact with minors. (Section A(9& 11))_____?

         If no, stop. If so, please indicate total number of so qualified 21 year old staff members _____ and the number of anticipated Minor Participants._____

c. Trained all your staff on the program topic as well as this Policy, including the duty to report violations and all applicable University rules and policies and on emergency procedures. _____ **AND** performed background checks (criminal, including sexual crimes) on all staff, regardless of age, or if a University Sponsor utilizing non-paid students, have performed a National Sexual Offender Data Base Search on all students involved in the Program and completed "Search Compliant" form (Section A(6,7,8, 9 & 11))._____

If no, stop, if so, attach documents and indicate the total number of staff under age 21 that you are utilizing for this program and attach background check documentation.

5. **Additional Obligations: (Check all that apply)**

a. **In addition to the above**, all non-University groups conducting a Program on University property must present proof of insurance naming the University as an additional insured under a policy that includes coverage for abuse to minors. (Section A (15)).

Have you attached proof of coverage? _____ (Certificate of Insurance.)

b. **Report groups and individuals participating in a Program at the University must report all violation of this Policy to Program Coordinator AND the appropriate University Official and are subject to the sanctions proscribed under the Policy. (Section A (12), (C) & D).**

c. **If any of the above information changes between now and the completion of the program, you have an affirmative obligation to resubmit an amended form as soon as possible and to immediately advise the Office of Student Development of the change.**

Do you agree to abide by all the requirements of this policy, all the applicable rules and policies of the University, including but not limited to the reporting requirement for the violation of this policy. If so, please sign and date below.

Print Name_____

Signature_____

Date _____

Stop, you have completed the Checklist for a Program. Please return this completed form to The Office of Student Development along with all required documentation.