UNIVERSITY SYSTEM OFFICE
APPROVAL FORM
Programs Serving Non-Student Minors Activities

Purpose: The University System Office (USO) has established a centralized database to track programs and activities serving non-student minors that are sponsored by or overseen by the USO. Programs and activities include summer camps, sports camps, after-school programs, clinics, and enrichment programs. Program Administrators must complete the below form and provide 24-hour contact information. Registration also requires certification of compliance with the Policy for Programs and Activities Serving Minors. **All programs and activities must be registered**, whether they are sponsored by the USO or hosted by third parties.

Completed forms must be approved by the appropriate Vice Chancellor or Director. Completed forms must also be approved by the appropriate Cabinet member. Completed forms should be forwarded to the USG Office of Ethics and Compliance at least 30 days prior to the start of the program.

Policy Requirements: In accordance with USG Policy, all programs serving non-student minors must be properly authorized. The USG policy requirements are set forth in the below policy sections:

1. BOR 6.9 Programs Serving Minors
2. BPM 16.9 Implementing Procedures
3. USO Procedures for Program Serving Minors

Please provide the information requested below:

1. **What is the official name of this Program?**

2. **Is the Program administered by or sponsored by the USO?**

   ◯ **Yes** ◯ **No**

3. **What are the planned beginning and ending dates of this Program?**

   From: _____ To: _____

4. **Where will the program and activities take place? Please provide details below to include any field trip or excursions that will be taken and whether the facility and needed equipment have been reserved.**

5. **Provide an overview of the camp agenda and the activities planned for youth participants.**

6. **What are the goals and learning objectives for youth participants? Please include some of the soft skills you plan for participants to learn: working with others, communication skills, problem solving, organizing abilities, etc.**

7. **Is this a residential program where youth participants will be staying overnight?**

   ◯ **Yes** ◯ **No**

8. **Will the Program provide participants with transportation at any time?**

   ◯ **Yes** ◯ **No**

9. **What is the expected number of participants?**

10. **Minimum age of minor participants**

11. **Maximum age of minor participants**

12. **Number of staff (including volunteers)**

13. **Has the checklist on the Programs Serving Minors Resource Page been reviewed for purposes of planning and compliance with policy requirements?**

    ◯ **Yes** ◯ **No**

14. Name of the employee who has primary responsibility for program oversight?

Name:

Title:

Department:

Email Address:

Emergency Contact Number:

15. I have read and agree to abide by the institution's Programs Serving Non-Student Minor's Policy

◯ **Yes** ◯ **No**

_____ **Date** _____

Signature of Program Sponsor

_____

CERTIFICATION FOR AUTHORIZING PARTY:

16. Name of Approving Official (Vice Chancellor, AVC, Director or Department Head)

Name:

Title:

Department:

Email Address:

Approving Official has discussed with the Program Sponsor, who has demonstrated compliance or a definite plan of action for the following minimum Policy requirements:

- **Qualifications of personnel leading and supervising the Program**
- **Alignment of the Program / Activity with the University's mission**
- **Appropriate program forms to include a Staff & Volunteer Code of Conduct**
- **Background checks for all staff and volunteers working with non-student minors**
- **Appropriate supervision ratios for program activities**
- **Safety and security planning – to include first aid and medical emergencies**
- **Response protocols for injury, illness, participant misconduct and staff misconduct**
- **Transportation and housing needs – to include appropriate staff for co-ed residential programs**
- **Appropriate training for staff and volunteers to include:**
  - **Mandatory reporting obligations**
  - **Roles and responsibilities**
  - **Safety and security procedures**
  - **Staff & Volunteer Code of Conduct**
- **Record retention procedures**

_____ **Date** _____

Signature of Approving Official

Cabinet Level Approval: ◯ **Granted** ◯ **Denied**

_____ **Date** _____

Cabinet Level Supervisor