

# **Protection of Minors Event Form**

#### Instructions:

- 1. At least **thirty (30)** days prior to the event, complete and submit this form with attachments to the University of Illinois Springfield Human Resources department.
- 2. The forms can be submitted via fax at: 217-206-7145 or emailed to: <u>uishr@uis.edu</u>.
- 3. Review the Protection of Minors Policy and Procedures <u>here</u>.

Program Title:	Hosting/Sponsoring Unit:	
Program Dates and Times:	Program Location(s):	
Unit Contact Information (Name, Phone, Email):		
Persons (at least 2) responsible for making arrangements for the safety of minors and other participants in the event of an emergency (Name, Phone Number, Email):		
Contact 1:		
Contact 2:		
Estimated Attendance (Include Participants and Volunteers):	Target Age Range:	
Detailed Program Description:		

I attest that the information contained herein and attached is true and correct to the best of my knowledge and belief.

Signature of Hosting/Sponsoring Department or Unit Head/Supervisor

Date



# Checklist for Compliance

### Instructions:

Please submit a brief narrative that describes how your unit is complying or handling each segment of the compliance checklist below.

If this information is contained in a Camp Orientation Manual, Event Emergency Plan, or another similar document, please provide a copy of the plan along with this Checklist for Compliance when submitting the forms.

Sponsoring Unit:

Date Program Begins:\_\_\_\_\_

\*Please note: The following is a guideline and will require you to submit *full* answers to all points\*

### Activity Protocols:

- □ Please describe any **transportation** plans.
- □ Please describe the plan for **weather emergencies** and other emergencies.
- □ Please describe the plan for providing adequate **supervision** for minors.
- □ Please describe the plan for educating event personnel about **appropriate conduct standards** with and around minors.
- □ Please describe the plan for alerting participants about **how to report issues**, including issues with peers, event personnel, and others.
- □ Please describe the plan for collecting and maintaining appropriate **permission forms**, medical contact information, and liability waivers.
- □ Please describe the plan for addressing **medical emergencies**.

## Overnight Activities: Yes □ No □

If "NO" is checked the below documentation is not required.

Activities including overnight stays by minors shall have the following additional protocols:

- Describe the identification to be worn by staff members, and participants if appropriate.
- $\Box$  State the applicable curfews.
- □ Provide a copy of the code of conduct or other conduct standards for participants.
- Describe where adults will sleep and their proximity to the minors.



# List of Individuals Working with Minors

#### Instructions:

List below the names of all individuals, including UIS employees, students, and volunteers, who are responsible for the supervision or care of children. The UIS Human Resources office will use the information provided to determine if a background check is needed for the individuals working with minors. All individuals whose background checks are not completed in advance of the event will not be approved to work with minors at the event. The UIS Human Resources office will not need to run a background check for individuals who have had a passed background check within the past 2 years that is on file with the UIS Human Resources office. The cost of a background check is on the UIS hosting/sponsoring unit.

Name	Email	Phone