

Covered Program Information Form – Minor Protection Policy

This form must be reviewed and signed by the Program Director and his or her supervisor prior to being submitted to the Office of Compliance and Integrity.

I. GENERAL INFORMATION

Name of Program/Activity: _____

Location of Program/Activity: _____

Sponsoring Unit: _____

Director of Program/Activity: _____

Program Director's University Department: _____

Address: _____

Phone: _____ Email: _____

Program Website: _____

Description and nature of the program/activity involving minors:

Date(s) of activity/program: _____

Approximate number and ages of minors participating in the program:

What MSU facilities will be used as part of the program:

For research programs, has IRB approval been obtained? YES NO N/A

II. AUTHORIZED ADULT INFORMATION

All Authorized Adults (as defined by the Minor Protection Policy) must be listed on this form (or a supplement) and must comply with the **background examination and training requirements** set forth in the Minor Protection Policy and Implementing Procedures. Authorized Adults include faculty, staff, volunteers, graduate and undergraduate students, interns, employees of temporary employment agencies, and/or independent contractors/consultants who interact with, supervise, chaperone, or otherwise oversee minors in program activities, recreational activities, and/or residential facilities.

For each Authorized Adult, **please complete the attached form** and provide:

- 1) his/her **full legal name**,
- 2) if applicable, his/her NetID,
- 3) his/her e-mail address (that is checked regularly), and
- 4) information about his/her employment/volunteer status by selecting only one of the following four categories for each Authorized Adult:
 - a. **Current non-student employee:** Includes full or part-time
 - b. **Volunteers:** Anyone not being paid for the work with the camp.
 - c. **Current student workers not being hired into a new position:** A student who is currently working as a student worker, GA, GTA, etc. anywhere on campus and who is not completing new hire paperwork.
 - d. **New hire – camp/summer employee only:** Anyone who is being hired to work the camp. **By placing someone in this category, you are indicating that they will complete all required hiring paperwork, including the background check authorization, which will be submitted to HRM. It is your responsibility to make certain the appropriate form is submitted to HRM. If a change occurs and an individual you placed in this category is not hired through HRM, you must notify the Office of Compliance and Integrity immediately in order to obtain a background check.**
 - e. **Other:** Anyone who does not fall into one of the above categories. This might include persons being paid by a stipend or other funding that does not require HRM paperwork to be completed.

A background examination with MSU within the three years prior to the beginning of the program is required. For any Authorized Adult other than one being hired through HRM, all required background checks will be managed by the Office of Compliance and Integrity. The cost of approximately \$38 may either be paid by the program or by the Authorized Adult individually. Please indicate below how you wish to pay these costs.

Covered Program _____ (Account to be charged _____)
Individual _____

Full Legal Name	NetID	E-mail address	Current Non- Student Employee	Volunteer	Current Student Worker – Not New Hire	New Hire – Camp/Su mmer Employee Only	Other (Please explain – paid by grant or stipend outside of HRM, etc.)

III. PROGRAM DIRECTOR RESPONSIBILITIES

- A. Be familiar with all requirements of the Minor Protection Policy and operate the camp or program in accordance with the Policy (**this includes maintaining all camper information required by the Procedures and obtaining all appropriate releases**);
- B. Monitor completion of required background checks **prior to the beginning of the camp or program**;
- C. Manage completion of required Minors on Campus training for all Authorized Adults, either through scheduling a live training with the Office of Compliance and Integrity or through providing Authorized Adults with the link to the recorded training;
- D. Provide a signed Acknowledgment of training from each Authorized Adult to the Office of Compliance and Integrity **prior to the beginning of the camp or program**; and
- E. Update the information contained in this form as necessary (including post-program) to provide accurate and complete information.

Program Director Signature

Date

Supervisor's Signature

Date