

**Application Form for Events Involving Children Under Age 17**

**Part I**

***If you plan to sponsor or offer an on or off campus event involving children under the age of 17, you must complete this form at least three weeks prior to the proposed event and submit it to the Leadership Team Member who oversees your area.***

**Today’s date:**

**Your Name:**

**Please fully describe the proposed event below:**

**Date of event:**

**Description of event:**

**Purpose of event:**

**Names of campus personnel involved:**

**Names of students involved:**

**Proposed Attendees (group, number, etc):**

**Who will be responsible for the care, custody and supervision of the children while they are on campus?**

**Will the children be accompanied and supervised by their parent and/or guardian? [ ]  Yes [ ]  No**

***If Yes, Not a Covered Event***

**Will the children be accompanied and supervised by their teacher or other group leader?** **[ ]  Yes** **[ ]  No**

***If Yes, Not a Covered Event***

**OR**

**Will the children be supervised by:** **[ ]  college personnel** **[ ]  students**

**Will you personally be present during the event? [ ]  Yes [ ]  No**

**Leadership Team Member use only**The event is [ ]  a Covered Activity [ ]  Not a Covered Activity

The event is [ ]  Approved [ ]  Disapproved

Please designate a Responsible University Official (RUO):

Rationale for approval/disapproval in relation to Covered Activity status:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Leadership Team Member: Print NameMay use an electronic or digital signature |  | Signature |  | Date |

**Part II**

To be completed following *approval* of a *Covered Event.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal name of each Covered Person who will assist with the Covered Activity | Covered Person Status |  | Legal name of each Covered Person who will assist with the Covered Activity | Covered Person Status |
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If more space is needed for Covered Person data, please use additional sheets and check this box: **[ ]**

**Part III**

**Office of Human Resources use only**

Both the NYS and National Sex Offender Registry searches, in reference to each of the above Covered Persons and/or those listed on additional sheets, if attached.

I, , attest that no records were found indicating that any Covered Person is on either the National or NYS Sex Offender Registry.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Print Name |  | Signature |  | Date |