



## Protection of Minors Policy – Program Registration Form

Program Name: \_\_\_\_\_

Program Sponsor: \_\_\_\_\_ Phone Ext: \_\_\_\_\_  
(RMU Employee) *Please print*

Dates of Program: From (mm/dd/yy): \_\_\_\_\_ To (mm/dd/yy): \_\_\_\_\_

Location of Program: \_\_\_\_\_

Duration of Program:  Day (If yes, indicate # of hours \_\_\_\_)  
 Multi-Day  
 Over-night Stay  
 Other (specify): \_\_\_\_\_

Description of Program environment and duties to be performed by employees/volunteers:  
\_\_\_\_\_  
\_\_\_\_\_

Describe any mitigating factors to help in determining if clearances are necessary:  
\_\_\_\_\_  
\_\_\_\_\_

Individuals involved:

RMU Employees  Volunteers  
 Third Party (Non-RMU affiliated)  RMU Students (Paid or Volunteer)

Additional Information/Comments \_\_\_\_\_

Program Sponsor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For HR Use Only:***

Date Received: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_  
Determinations: \_\_\_\_\_ Clearances Required \_\_\_\_\_ Clearances Not Required \_\_\_\_\_  
Comments: \_\_\_\_\_  
Determination communicated to Program Owner (date): \_\_\_\_\_



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Name	Individual supervision/ Instruction of minors	Overnight stay with minors	Contact with minors in evening and/or off-campus	Transportation of minors	Access to minors in various states of dress	Physical contact with minors
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