

APPENDIX C

Ashland University Protection of Minors Policy University Sponsored Event Roster/Checklist

This form is to be used for events that are sponsored by Ashland University that fall under the Protection of Minors Policy.

Name of Event: _____

Sponsoring Department or Unit: _____

Date/s of the Event: _____

TRAINING

Please list all volunteers, faculty, staff, and students (any adult) that will be participating in the event and verify they have read Appendix A of the Protection of Minors Policy – “Training Requirements for Those Involved with Minors”. Please indicate that you have collected their “Certification”, which is within the Policy. Attach additional lines, if necessary.

Adult's Name	Certification Received <input type="checkbox"/>

BACKGROUND CHECK

The following categories of adults are required to have undergone a criminal background check within four (4) years of their participation in University activities or programs involving minors. Note that results must be received prior to the individual's participation in the program. Human Resources can validate criminal background check completion and will coordinate the process for University-sponsored events. **IF A NEW BACKGROUND CHECK IS REQUIRED, ALLOW FOR AT LEAST TEN (10) BUSINESS DAYS PRIOR TO THE START OF THE PROGRAM FOR PROCESS COMPLETION.**

- Directors and supervisors of programs involving minors, including those who are responsible for supervising those who interact with minors;
- Those who stay overnight with minors as part of their job responsibilities in a program or activity involving minors; and
- Those who regularly spend time alone with minors as part of their job responsibilities or role in a program involving minors. Attach additional lines, if necessary.

Adult's Name	Background Check Completed/Verified <i>v</i>

Please retain a copy of this signed form for department records and scan a copy to hr@ashland.edu. The completed form must be submitted at least 2 (two) business days prior to the event. Thank you.

Signature of party validating compliance: _____

Name Printed: _____

Date: _____