

<RXWK \$FWLYLW\ <\$ &HUWL;FDWLRQ 6WDWHPH  
&68/% DQG &68/% 5HVHDFK )RXQGDWLRQ

I hereby acknowledge that I am the person responsible for the \_\_\_\_\_  
"YA" to be held from \_\_\_\_\_, to \_\_\_\_\_, KDYH LGHQWL;HG WKDW WK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ activities.

The YA \_\_\_\_ (will) \_\_\_\_ (will not) be providing housing accommodations to Chaperons and Youth  
3DUWLFLSDQWV ,I SURYLGHG KRXLQJ ZLOO EH DW

I \_\_\_\_ (will) \_\_\_\_ ZLOO QRW KDYH DQ\ R; FDPSXV DFWLYLWLHV  
LQYROYH WUDQVSRUWDWLRQ WR RU IURP WKH <\$ ,I SURYLGHG

7RWDO HVWLPDWHG QXPEHU Age Range of Youth Participant is of ages  
9 & under \_\_\_\_\_, 10-12 \_\_\_\_\_, 13-14 \_\_\_\_\_, 15-18 \_\_\_\_\_, 19+ \_\_\_\_\_.

)LQDO \RXWK SDUWLFLSDWLRQ FRXQW GXH ZLWKLQ GD\ RI

\_\_\_\_ Live Scan clearance of myself and all YA personnel, volunteers and chaperons per University YA Guidelines prior to starting employment. Please note that all YA personnel must complete new hire/reappointment paperwork as required by the University or Research Foundation Human Resources Department. Under no circumstances may an employee begin work prior to clearance being received by the University or Research Foundation Human Resources from the Department of Justice and communicated to the Campus Youth Facilitator. [See University or Research Foundation Human Resources for Background Checklist and Instructions]

\_\_\_\_ Distribution and/or collection of fully executed documents from all YA Chaperons, Volunteers and Employees ZLOO EH SURYLGHG WR WKH 8QLYHUVLW\ RU 5HVHDFK )RXQGDWLRQ  
ZHNV EHIRUH FRPPHQFHPHQW RI WKH <\$

- Background Checklist and Instructions (distribution – Human Resources)
- Hiring Paperwork (distribution and collection – Human Resources)
- Volunteer Form (distribution and collection – Human Resources)
-

\_\_\_\_ Distribution and/or collection of fully executed documents pertaining WR DOO \RXWK SDUWLF  
GRFXPHQWV VKDOO QRW EH PRGL;HG DGGHG WR RU GHOHWHG IUR  
HQ IURP WKH &DPSXV 2^FH RI 5LVN 0DQDJHPHQW RU WKH 5HVHDFK

- Release of Liability. Prior to the commencement of any YA, the youth participant form must be on  
;OH DQG DYDLODEOH IRU LQVSHFWLRQ XSRQ UHDVRQDEOH QR  
RU WKH 5HVHDFK )RXQGDWLRQ 2^FH RI +XPDQ 5HVRXUFHV EH  
(distribution and collection).
- Voluntary Medical Disclosure & Emergency Contact. All Voluntary Medical Release forms should be  
immediately destroyed and/or disposed of in compliance with HIPAA record keeping requirements  
immediately upon the conclusion of the YA unless one was used due to perceived injury. In such  
FDVHV WKH 9ROXQWDU\ 0HGLFDO 5HOHDVH IRUP VKRXOG EH L  
RI 5LVN 0DQDJHPHQW RU 5HVHDFK )RXQGDWLRQ +XPDQ 5HVRX
- Photo Release (distribution and collection).
- Campus Rules and Regulations (distribution).

\_\_\_\_ (QVXUH VX^FLHQW &KDSHURQ WR <RXWK 3DUWLF LSDQW UDWLR  
EXW LQ QR HYHQW IHZHU WKDQ

- \HDUV DQG \RXQJHU 0LQLPXP RI WZR \$GXOWV ZLWK UDWL  
minor participants permitted.
- \HDUV 0LQLPXP RI WZR \$GXOWV ZLWK UDWLR IRU 3RYHU  
participants.”
- \HDUV 0LQLPXP RI WZR \$GXOWV ZLWK IRU 3RYHUQLJKW

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supply, upon request by the University or Research Foundation, any and all data or information deemed necessary to YA participants or personnel.

I further understand that I am responsible to ensure funding is in place for the following (initial each section as indication that you have read and understand the contents):

Immediate payment for estimated costs for PAI Insurance incurred by the University or Research Foundation. Estimated costs are approximately \$3.10 per participant and an additional \$0.50 per participant is required for abuse/molestation coverage.

Reconciliation of the actual attendance counts for purposes of assessing the appropriate PAI insurance cost. Actual attendance counts are due ten (10) days following the conclusion of the YA. Failure to provide actual attendance will result in 125% of estimated head counts being reported to YA Team Insurers and

, KHUHE\ FHUWLI\ DQG DFNQRZOHGJH WKDW , KDYH UHFHLYHG D  
given the opportunity to raise or ask any questions of these requirements and agree to fully  
comply by the requirements as contained herein. I have also reviewed all additional Department  
\* XLGHOLQHV DV ZHOO DV FRPSOHWHG GLVWULEXWHG DQG RU P  
herein. I will also comply with all University or Research Foundation required records retention  
policies.

I further acknowledge that the University or Research Foundation reserves the right to make  
FKDQJHV WR WKHVH SROLFLHV SURFHGXUHV IRUPV DQG JXLG  
FRXQWDEOH WR DELGH E\ WKRVH FKDQJHV DQG UHVSQRVLEO  
commencing to hold a Youth Activity.

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