MINORS ON CAMPUS
Program Registration Form
After completion, please email to hr@scranton.edu

Name of program: ____________________________________________________________

Brief description of program: __________________________________________________

__________________________________________________________

Date of Event: ___________________________________________________________________

Primary Contact Name: __________________________ Position: _______________________________________________________________________

Phone: (___) ___________________________ Email: _____________________________________________

Secondary Contact Name: __________________________ Position: _______________________________________________________________________

Phone: (___) ___________________________ Email: _____________________________________________

Names of person(s) assisting the contact person: (use additional pages if necessary)

Name: __________________________ Phone: __________________________

Is this a new program (never operated before)? ☐ Yes ☐ No

Years on Campus: __________________________________________

Location(s) of Programs Activities: ☐ Classrooms ☐ Residence Halls ☐ Rec Fields ☐ Other

Does this program include an off-campus/off-site component? ☐ Yes ☐ No

(If YES, list off-site location(s)): __________________________

Ages of minors eligible to participate: Check all that apply:

☐ 6-12 ☐ 13-17

Estimated number of minors:

Registered for each session: __________ Residing in the residence halls __________

Waiver Requested ☐ Yes ☐ No

Has a release of liability been signed by all participants? ☐ Yes ☐ No

Yes, I am aware that the University of Scranton’s Minors on Campus Policy requires all adults working with program(s) on the University’s campus are to have a current criminal background check completed and on file, successfully pass a University of Scranton online training module, read, sign and follow the required Code of Conduct and that all program employees are knowledgeable about and know how to report sexual/physical abuse or neglect and are obligated to immediately report such an incident to the proper authorities.

Signature __________________________ Date __________

In order to meet the requirements of this policy, the registration form must be submitted to the Office of Human Resources at least thirty (30) days prior to the event.

Office of Human Resources
April 2015