



PROGRAM REGISTRATION/APPROVAL FORM

INSTRUCTIONS:

Before you register your program, please read the Wilkes University Minors on Campus Policy. As part of the registration, you will have to certify that you have completed all of the requirements of the procedures. If you have done so, you are ready to proceed with your registration. Send the completed and signed registration form to the attention of Chief Risk & Compliance Officer at least sixty (60) days prior to the first scheduled date of participation by Minors. Completion of this form does not guarantee approval of your program.

PROGRAM INFORMATION:

Name of Program: _____

Program Description: _____

Program Director: _____ Cell Phone Number: _____

Is this a new program (never operated before)? Yes No Years on Campus: _____

Is this program sponsored (in full or in part) by an office or department of the University? YES NO

University Sponsor Name: _____ Department: _____

Does this program require an overnight stay? YES NO

PROGRAM DATE(S) AND LOCATION:

List current program dates: Start date: _____ End date: _____

Location: OUTDOOR FIELDS CLASSROOMS UCOM RAC MARTS GYM
 DDD AUDITORIUM OTHER: _____

If off-campus, where will the activities take place? _____

Ages of minors eligible to participate: Check all that apply: 6-12 YEARS 13-17 YEARS

Estimated number of minors registered for each session _____

Estimated number of minors residing in the residence halls _____

Estimated Number and Type of Program Personnel:

WU Faculty ____ WU Students ____ Adult Volunteers ____ WU Employees ____

Yes, I am aware that the Wilkes University's Minors on Campus Policy requires all adults working with program(s) on the Wilkes campus are to have a current criminal back ground check completed and on file, successfully pass a mandatory online training module on Sexual Abuse of Minors, 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.

SIGNATURES:

Program Director

Vice President / Dean

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Date: _____

Date: _____