

Working with Minors Notification Form

University Programs, Activities, Events, and Employment Involving Minors

Type of Program (check the box that is most appropriate):

- ☐ Academic Program or Camp
 ☐ Admissions/Recruitment
 ☐ Athletic/Recreational Program or Camp
☐ Employment of a Minor
 ☐ Service/Volunteer Program
 ☐ Space Rental
☐ Special Event
 ☐ Other _____

Program Title: _____

Department Name: _____

Description of Program: _____

Location of Program (specific building(s)): _____

Date(s) of Program: _____

Program Leader's Name: _____ **Email:** _____

List all individuals who will be supervising or accompanying the minors while participating in this program (feel free to attach a typed list or additional pages if necessary):

First and Last Name	Email Address	Status (check one)
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other
_____	_____	<input type="checkbox"/> Employee <input type="checkbox"/> SJU Student <input type="checkbox"/> Other

Signatures: Department Head: _____

Vice President/Vice Provost/Dean (*): _____

**Please have Provost sign if no Vice President, Vice Provost, or Dean is present in the reporting chain*