

INSTRUCTIONS FOR APPROVAL OF MATERIALS FOR ACTIVITIES INVOLVING MINORS

Requests for program approval must include the documents indicated in the Annex A table below. These documents must be submitted to the Child Protection Officer/Chief Compliance Officer. In addition, any approving authority may require additional documentation, in his or her discretion. For questions about this process, contact The Citadel Child Protection Officer 843-953-6881 or Chief Compliance Officer 843-953-9502.

Annex A

	Item	Programs
1.	Complete Form 1: "Application and Risk Assessment Form for Activities Involving Minors at The Citadel."	All Programs.
2.	Complete and sign Letter of Agreement (contract). Citadel-sponsored Programs are exempt from completing this agreement. Contact the Reservation and Event Management Office at reservations@citadel.edu or 843-953-0467 for a copy of the Letter of Agreement.	All 3 rd Party and Citadel Employee Independently Sponsored Programs.
3.	Complete Form 2: "Charter Transportation Service Information Request."	All Programs.
4.	A detailed itinerary with activities listed.	All Programs.
5.	Brochure / advertising materials.	All Programs.
6.	Certificate of General Liability Insurance and Accidental Medical Insurance Coverage listing the Citadel as an additional insured with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate (for day programs only) or \$5,000,000 aggregate (for high risk or overnight programs). Sexual abuse/molestation coverage (\$1,000,000) is highly encouraged. Medical Expense Reimbursement (Med Pay) should be \$5,000 per individual. Additional amounts may be necessary, per the discretion of the Vice President for Finance. (Citadel-sponsored Programs are covered by the Insurance Reserve Fund (IRF) and are therefore exempt from providing any certificates.)	All 3 rd Party and Citadel Employee Independently Sponsored Programs.
7.	Copies of the program's safety training materials. Activity specific safety awareness training must be provided to all counselors and activity administrators, to include all persons who will have any contact with minors attending the activity. Safety training must be provided prior to the start of any activities involving children, and must include (1) rules for counselors and administrators, (2) first aid, (3) CPR training (if appropriate), (4) harassment, (5) bullying, (6) sexual harassment and (7) sexual assault.	All Programs.
8.	Copies of Child Protection Training Certification.	All Programs.
9.	Charter Transportation Service Documentation: <ul style="list-style-type: none"> • Certificate of Insurance for Charter Service • Driver Certification and Training for Charter Service • Vehicular Maintenance for Charter Service • Vehicular Accidents of Charter Service 	For Programs using Charter Transportation Services.
10.	Complete, sign, and scan Form 3: "Acknowledgement and Authorization Form."	All Programs.

The Program Director of all Programs must obtain the documents listed in the table below from the participants prior to the program occurring at The Citadel. **These documents must be brought to the event for possible inspection by Citadel Officials.**

Annex B

	Item	
1.	Form 4: "Program Counselor's Voluntary Disclosure and Background Check."	All Programs.
2.	Form 5: "Release and Hold Harmless, Medical, Photography, & Transport Consent Agreement" from all Participants in Program.	All Programs.
3.	Form 6: "Physician's Certification of Participant's Health" from all Participants in a Sports-related Program.	For all Sports Programs.
4.	Form 7: "Program Incident Report Form (only filled out if an incident occurs)"	

**APPLICATION AND RISK ASSESSMENT FORM FOR
ACTIVITIES INVOLVING MINORS AT THE CITADEL**

The Program Director must complete this form.

PROGRAM DIRECTOR

1. NAME of PROGRAM: _____
Website Address: _____
Date of Application: _____

2. CONTACT INFORMATION FOR PROGRAM DIRECTOR
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Fax: _____
Evening Phone: _____ Mobile Phone: _____

3. CONTACT INFORMATION FOR ASSISTANT DIRECTOR OR OTHER ALTERNATE
Name: _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Fax: _____ Evening Phone: _____
Mobile Phone: _____

4. COORDINATING CITADEL OFFICIAL [if any]
Name: _____ Department: _____
Email: _____ Phone: _____ Fax: _____

5. REVIEWING VICE PRESIDENT [Check one.]

- Provost:** Reviews all academic enrichment programs.
- Commandant:** Reviews all military and leadership programs.
- Director of Athletics:** Reviews all sports-related programs.

6. THE PROGRAM IS A... [Check one.]

- Citadel-sponsored Program
- Citadel employee, independently sponsored Program (i.e., Coach's Athletic Program)
- Third-party Program: any program, which is not affiliated with or sponsored by The Citadel or a Citadel employee.

7. TYPE OF PROGRAM [Check one.]

- Academic Program (Please describe): _____
- Athletic Program
- Leadership Training (e.g. JROTC)
- Other (Please describe): _____

8. PROPOSED CAMPUS LOCATION [check all that apply]

<input type="checkbox"/> Barracks: _____	<input type="checkbox"/> Johnson Hagood Stadium
<input type="checkbox"/> Deas Hall	<input type="checkbox"/> Summerall Field
<input type="checkbox"/> McAlister Field House	<input type="checkbox"/> Wilson Field
<input type="checkbox"/> Washington Light Infantry Field	
<input type="checkbox"/> Other (Specify Location): _____	

9. DATES, DAYS, COUNSELORS AND PARTICIPANTS

Session Number	1	2	3	4	5
Proposed Dates MM-DD-YYYY format					
# of Days					
Age of Minors					
Number of Minors					
Number of Counselors					

10. INDICATE WHETHER THIS PROGRAM IS [Check one.]

- Day Program** only [Skip to #11]
- Overnight Program** where participants are housed overnight at The Citadel.
 - Participants will stay on-campus.
Indicate requested campus location: _____
 - Participants will be housed in off-campus lodging arranged by the Program Director.
Provide the name of the facility: _____
 - Participants will be responsible for arranging their own off-campus housing.
Please explain: _____

11. INSURANCE

- Citadel-sponsored Programs, as identified in #6 above, receive general liability insurance coverage through The Citadel's policy with the SC Insurance Reserve Fund. Those programs are also eligible to purchase accidental medical coverage through The Citadel's recommended Insurance Plan.
- All other Programs must purchase a commercial General Liability Policy and Accidental Medical Insurance Policy. These policies must list "*The Citadel, the State of South Carolina, their officers, directors, servants, agents and employees*" as additional insureds with limits of at least \$1,000,000 per occurrence and \$3,000,000 aggregate (for day programs only) or \$5,000,000 aggregate (for high risk or overnight programs). Coverage must include sexual molestation coverage (\$1,000,000). Medical Expense Reimbursement (Med Pay) should be \$5,000 per individual. Additional amounts may be necessary, per the recommendation of the Director of Environmental Health and Safety or the discretion of the Vice President for Finance.
 - Citadel-sponsored Program: General Liability Insurance provided by The Citadel's policy with SC Insurance Reserve Fund.
 - Citadel employee, independently sponsored Program (i.e., athletic Program) or Third Party Program: General Liability Insurance will be provided through _____.

(Along with this form, submit a copy of the Certificate of Insurance)

12. RISK ASSESSMENT

Program directors must consider the full impact of all activities conducted during a program, assume responsibility, and take appropriate measures to reduce or to eliminate the potential for exposure of program participants to reasonably foreseeable risks and hazards. This risk assessment tool cannot encompass all of the possible scenarios for program activities and risks. Therefore, directors are called upon to exercise due diligence in designing program activities to address risk and safety considerations for all participants. Program directors are required to obtain and to review the latest edition of the American Camp Association’s (ACA) Accreditation Guide, available through the ACA’s website at www.acacamps.org, and at a minimum, comply with the ACA “Mandatory Standards”. Program directors can seek assistance from The Citadel’s Director of Environmental Health and Safety at 843-953-4816, EHS@citadel.edu and/or The Citadel’s Child Protection Officer at 843-953-6881, Child.Protection@citadel.edu for specific questions.

13. SCHEDULING

Is all program time scheduled (minimal or no free time)? **[Check one.]**

- Yes **[Skip to #14 and submit a detailed itinerary along with this form.]**
- No **[Complete following table for free time periods.]**

Free Time Period	Location of Participants	Supervision Arrangements

***For additional Free Periods, attach a separate sheet with information above**

14. PHYSICAL ACTIVITY

Does this program include physical fitness activities? (e.g. running, jumping, swimming, climbing at heights greater than six (6) feet, lifting weights, contact or field competition) **[Check one.]**

- Yes **[List physical activity below and have [Annex B, Form 6](#) completed by the Physician of each minor and counselor.]**
- No **[Skip to #15.]**

***For additional Physical Activities, attach on a separate sheet with information above**

15. TOOLS

Do any of the activities in this program involve the operation of hand tools such as saws, knives, hand drills, scissors, scalpels, etc.? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #16.]**

Type of Equipment	Location When Not In Use	Tool Supervisor	Experience of Supervising Official

***For additional Tools, attach on a separate sheet with information above**

16. WEAPONS

Will any activity of this program involve participant use of, or access to, firearms, bows and arrows, pressurized projectiles, or other similar implements? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #17.]**

Type of Equipment	Weapon Inspection date & Official	Location When Not In Use	Weapon Supervisor	Supervisor Qualifications	Specific Activity	Activity Location

***For additional Weapons, attach on a separate sheet with information above**

17. CHEMICALS

Will any activity involve the use of chemicals, flammable or noxious gases, or similar dangerous substances? **[Check one.]**

- Yes **[Complete the following table.]**
- No **[Skip to #18.]**

Chemical Or Gas	Location / Security Of Chemicals When Not In Use	Program Official Who Will Provide Supervision	Training Or Qualifications For Supervising Official	Specific Activity	Activity Location

***For additional Chemical, attach on a separate sheet with information above**

18. WATER ACTIVITIES

Will any activity involve water sports (diving, swimming, scuba, wading, etc.)? **[Check one.]**

- Yes **[Complete A - C.]**
- No **[Skip to #19.]**

A. NAME of WATER ACTIVITY COORDINATOR: _____
 The aforementioned person will be present at and coordinate all water activities, including the assessment of swimming proficiency of each participant.

QUALIFICATIONS of WATER ACTIVITY COORDINATOR

(American Red Cross certificates, or equivalent, WSI certificate, lifeguard experience, etc., please include dates of certificates, experience, etc.)

If applicable, submit copy of the certificate(s) along with this form.

B. LIST OF WATER ACTIVITIES

Complete the following table for all water activities that will occur as part of the program.

Activity	Number Of Participants	Location Of Activity	Number Of Lifeguards	Lifeguard Qualifications

***For additional water activities, attach on a separate sheet with information above**

C. WATER ACTIVITIES WHICH WILL NOT OCCUR AT THE CITADEL

For any water activities listed in #18.B above, which will not take place in the Deas Hall pool at The Citadel, complete the following table.

Activity	Number of Participants	Location	Investigation Or Inspection Conducted	Date Of Inspection	Inspecting Official

***For additional Water Activities Off-Campus, attach on a separate sheet with information above**

19. HOUSING

Will program participants be housed overnight, either on campus or off campus? **[Check one.]**

- Yes **[Complete A - D.]**
- No **[Skip to #20.]**

A. HOUSING LOCATION at THE CITADEL: _____

B. OFF CAMPUS HOUSING LOCATION: _____

C. HOUSING PLAN

Describe the housing plan, including but not limited to: room assignment plan, room check-in and check-out procedures, curfew times, overnight supervision, visiting restrictions, and lost / unaccounted-for-participant procedure. (**Note:** Program plans must include prohibitions against participants visiting in staff-members rooms, except on official business. Also, counselors should never be alone with participants.)

D. SAFETY COORDINATOR(S)

Identify the individual who will provide instruction on security, loss prevention, emergency exit locations and procedures, and other housing-related safety and security issues. Please describe that person's qualifications.

NAME: _____

ADDRESS/LOCATION DURING PROGRAM: _____

PHONE NUMBERS: Office: _____ **Home:** _____ **Mobile:** _____

QUALIFICATIONS: _____

In situations where groups of minors bring their own adult counselor or supervisor (Example: coaches, drill team advisors, guidance counselors), identify the individual who will brief these counselors/supervisors on safety, program established expectations, program rules, or other provisions: _____

20. TRANSPORTATION

A. TRANSPORTATION TO AND FROM THE PROGRAM

Describe the pick-up and drop-off procedure for minors participating in the program:

B. TRANSPORTATION DURING PROGRAM

Will participants be transported to, from, or during the program by counselors? **[Check one.]**

Yes **[Complete the following table.]**

No **[Skip to #21.]**

Driver	Training Or Experience	Transportation Responsibilities (i.e. Pickup For Program, Transport From Program, Transport During Program)	Vehicle To Be Used (POV, Citadel, Etc.)

***For additional Drivers, attach on a separate sheet with above information**

C. NON-CITADEL VEHICLES

Will any non-Citadel vehicles be used for the program?

- Yes [Complete the following table.]
 No [Skip to #20.D.]

Vehicle To Be Used	Owner	Insurance On Vehicle (Policyholder, Limits)	Is All Safety Equipment Installed And In Good Working Condition?	Inspecting Individual	Date Of Inspection

*For additional Non-Citadel vehicles, attach on a separate sheet with information above

D. CHARTERED TRANSPORTATION

Will any chartered transportation services be used? [Check one.]

Charter service is defined as services secured to transport participants by land, sea, or air in which one or more vehicles and operators are provided for this purpose.

- Yes [Complete the following tables and Annex A, Form 2.]
 No [Skip to #21.]

Charter Service	Years In Operation	License(s) / Certification(s)	Insurance Coverage

*For additional Charter Service Transportation, attach on a separate sheet with information above

TRANSPORTATION LOG

Destination*	Reason for Transportation	# of Participants to be Transported	Inspection Date of Location	Inspecting Official	Senior Program Official on Trip	Instructions to be Provided to Drivers (maps, Briefing on Driving Conditions, etc.)	Emergency Contacts (at The Citadel / in Transit / at Location	Safety Equipment Available (during Trip and at Location

*For additional trips, attach above information on a separate sheet

(Note: Prior to first trip, program director, or designee, should inspect destination for loading / unloading location, safety considerations. Prior to each trip, program director or designee should review weather and traffic conditions. Senior official on travel should have copies of contact numbers for parents or guardians of minors during all off-campus travel.)

21. MEDICAL CONSIDERATIONS

A. CHARLESTON AREA HOSPITAL AND CITADEL INFIRMARY

Which Charleston area hospital (Roper, MUSC, Trident, etc.) will the Program use for emergencies? _____

The Citadel Infirmary does not provide medical support for minor’s programs at all during the academic year.

The Citadel Infirmary does not normally provide medical support for minor’s programs during the summer. However, if you have made a special arrangement with the Infirmary (843-953-4827) for limited medical coverage for a summer program, please indicate below:

- Yes **[Complete this section.]**
- No **[Skip to #21.B.]**

Please describe the arrangements, if any, that you have made with The Citadel Infirmary for minor’s programs during the summer.

B. FIRST AID TRAINING

Has the Program director made arrangements to provide First Aid training to the program’s counselors? **[Check one.]**

- Yes **[What type of training is provided (classroom instruction, video instruction, web-based instruction, literature, other) (please explain):** _____

- No **[Skip to #21.C.]**

C. FIRST AID-TRAINED PERSONNEL WHO WILL BE IN ATTENDANCE

Name	Training	Relation To Program	Role At Program

***For additional First-Aid Trained Personnel, attach on a separate sheet with information above**

****Along with this form, submit a copy of the certificate of each counselor.**

D. ADMINISTRATION OF FIRST AID

If none of the above, please provide an explanation of how First Aid will be administered for the program. Contact Citadel Sports Medicine at 843-953-6867 or SportsMedicine@citadel.edu for contract options for First Aid/CPR.

E. FIRST AID KITS

Location	Contents	Date Of Last Inspection	Inspecting Official

***For additional First-Aid Kits, attach on a separate sheet with information above**

F. HEAT EXHAUSTION

Describe the training provided to counselors for recognition of heat exhaustion:

Describe the planned preventative measures. (Example: The provision of cool drinks and frequent reminders to consume them, breaks or rest periods from extended periods of physical activity, counselor's alert for the symptoms of the onset of heat exhaustion.)

G. PARTICIPANT MEDICATION AND ALLERGY PREPARATIONS

Official who will collect and maintain participant medication and allergy information:

NAME: _____

ADDRESS/LOCATION DURING PROGRAM: _____

PHONE NUMBERS: Office: _____ **Home:** _____ **Mobile:** _____

QUALIFICATIONS: _____

Location of medications and records during program: _____

Describe the Program's plan for storing and providing medications, avoiding, and responding to allergic reactions: _____

22. FOOD PREPARATION

Will the program prepare and/or serve its own foods: **[Check one.]**

- Yes **[Contact Aramark for meal support; call 843-953-5086 / 5017.]**
 No **[Skip to #23.]**

23. USE OF THE CITADEL COMPUTER LABS

Will the program use The Citadel's Computer labs: **[Check one.]**

- Yes **[Complete this section.]**
 No **[Skip to #24.]**

The Citadel does not restrict internet access nor monitor the use of its computers in the lab rooms. It will be the responsibility of the program to monitor the use of the computers by its minors.

Describe the planned preventative measures. (How many counselors will monitor the minors in a computer lab? Some computer labs have twenty four computers. How will the counselors monitor the minors?)

24. COMPLETE APPROPRIATE FORMS BASED ON PROGRAM TYPE, AS DESCRIBED BELOW.

- All Third-party Programs or Citadel employee, independently sponsored Programs (i.e., athletic Program) complete **Letter of Agreement (contract)**. Contact the Reservation and Event Management Office at reservations@citadel.edu or 843-953-0467.
- If the program is using Charter Transportation, then complete [Annex A, Form 2](#).
- If the program is not using Charter Transportation, then complete [Annex A, Form 3](#).

CHARTER TRANSPORTATION SERVICE INFORMATION REQUEST

The Program Director must complete this form.

1. **NAME of PROGRAM:** _____
Date of Application: _____
2. **NAME of PROGRAM DIRECTOR:** _____
3. **CHARTER SERVICE**
Will this program use a charter service? **[Check one.]**
 Yes **[Complete #4 - 11.]**
 No **[Skip to #11.]**
4. **NAME OF CHARTER SERVICE:** _____
Website of Charter Service (if applicable): _____
5. **DATES OF CHARTERED SERVICE USE FOR PROGRAM:** _____
6. **CHARTER SERVICE CONTACT INFORMATION**
Name of Charter Service Contact Person: _____
Phone Number: _____ Fax number: _____
E-mail address (if applicable): _____
7. **CERTIFICATE of INSURANCE FOR CHARTER SERVICE**
Along with this form, submit a copy of the Certificate of Insurance for the State required liability limits (minimum \$5,000,000.00) for the charter service.
8. **DRIVER CERTIFICATION and TRAINING FOR CHARTER SERVICE**
Along with this form, submit information on the driver certification and training required of or provided to the charter service drivers.
9. **VEHICULAR MAINTENANCE FOR CHARTER SERVICE**
Along with this form, submit a brief explanation of how preventative maintenance and safety checks are managed for the charter service vehicles.
10. **VEHICULAR ACCIDENTS OF CHARTER SERVICE**
Has this charter service been involved in vehicular accidents that resulted in significant injury (requiring hospitalization) or death in the past five (5) years? **[Check one.]**
 Yes **[Along with this form, submit information on the accidents that meet this criteria.]**
 No **[Skip to #23.]**
11. **COMPLETE ACKNOWLEDGEMENT and AUTHORIZATION FORM, [ANNEX A, FORM 3.](#)**

ACKNOWLEDGEMENT and AUTHORIZATION FORM FOR ALL PROGRAMS

The Program Director must complete this section.

1. **Name of Program:** _____
Date of Application: _____

2. **NAME of PROGRAM DIRECTOR:** _____

3. ACKNOWLEDGMENT AND AUTHORIZATION OF PROGRAM DIRECTORS

By signing this document, I:

- have read The Citadel's [Protection of Minors Policy](#).
- have read The Citadel's [Use of Citadel Facilities and Property Policy](#).
- agree to conduct the following checks on all adults associated with the program (available via the [S.C. State Law Enforcement Division](#) (SLED) website):
 - [Background Check](#) and
 - [Sex Offender Check](#)
- agree to have fully screened alternate counselors on standby if an active counselor cannot perform his/her counselor duties.
- agree to provide to all counselors safety training with respect to first aid, CPR (if appropriate), harassment, bullying, sexual harassment, and sexual assault; and rules of conduct.
- recognize that The Citadel does not monitor computer usage in its laboratories and that the program must monitor its own minors on The Citadel's computers
- will report any incident to Citadel Public Safety and the Director of Environmental Health and Safety no later than twenty-four hours afterwards. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide.
- agree to bring to the event all Annex B documents associated with this program.
- recognize that the Annex B documents may be checked by Citadel personnel during the operation of the program on campus and retain such for a minimum of two (2) years.
- recognize that The Citadel may cancel the event if the program is not in compliance with The Citadel's *Protection of Minors Policy* or if there is a campus emergency.
- agree that all participants in this program will complete the on-line survey, which will help The Citadel to provide appropriate services to all future programs.

I have complied with all requirements to date, and I agree to abide by The Citadel's *Protection of Minors Policy* in the operation of my proposed program. My signature authorizes the transfer of funds from the given account in this application for the payment of fees/expenses to The Citadel.

Signature of Program Director

Date (MM/DD/YYYY)

The Program Director will obtain the signature of The Citadel Co-host for third-party overnight programs, such as HOBY, AFJROTC, etc. Otherwise this application is submitted to The Citadel via the Child Protection Officer/Chief Compliance Officer.

4. AUTHORIZATION OF CITADEL FACULTY, STAFF, or EMPLOYEE

I agree to assist in the coordination of this program. I have made sure that all Annex A, Items 1-10 (including Forms 1-3) have been completed, if applicable. I am submitting these forms on behalf of the Program Director to The Citadel for review and approval.

Signature of Citadel Faculty, Staff, or Employee

Date (MM/DD/YYYY)

Citadel personnel will complete this section.

5. INITIAL AUTHORIZATION OF CHILD PROTECTION/CHIEF COMPLIANCE OFFICER

I find this program _____(to be/not to be) in compliance with The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: _____

**Signature of Child Protection Officer /
Chief Compliance Officer**

Date (MM/DD/YYYY)

6. AUTHORIZATION OF REVIEWING VICE PRESIDENT

I find that this program _____(is/is not) consistent with The Citadel's educational mission or the mission of the department under my direction. I authorize the transfer of funds to pay for insurance and/or support services fees, as appropriate, from the account referenced in this application.

Explanation for Rejection of Program: _____

**Signature of (circle one) Provost /
Commandant / Director of Athletics**

Date (MM/DD/YYYY)

7. AUTHORIZATION OF DIRECTOR OF ENVIRONMENTAL HEALTH AND SAFETY

I find this program _____(to be/not to be) in compliance with general safety guidelines and The Citadel's *Protection of Minors Policy*. The program has appropriate insurance coverage.

List any risk concerns about this program and how they will be addressed: _____

Explanation for Rejection of Program: _____

**Signature of Director of Environmental
Health and Safety**

Date (MM/DD/YYYY)

8. AUTHORIZATION OF ASSOCIATE VICE PRESIDENT FOR FACILITIES and ENGINEERING

I _____(authorize/do not authorize) the use of the following facilities for this program and recommend the program _____(be/not be) charged \$ _____for these facilities.

Session Number	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)	Facilities
1			
2			
3			
4			

Explanation for Rejection of Program: _____

**Signature of Associate Vice President for
Facilities and Engineering**

Date (MM/DD/YYYY)

9. AUTHORIZATION OF GENERAL COUNSEL

I find this program _____(to be/not to be) in compliance with The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: _____

Signature of General Counsel

Date (MM/DD/YYYY)

10. AUTHORIZATION OF VICE PRESIDENT FOR OPERATIONS

I find that this program _____(is/is not) consistent with The Citadel's educational mission and I _____(approve/do not approve) this program under the provisions of The Citadel's *Protection of Minors Policy*.

Explanation for Rejection of Program: _____

Signature of Vice President for Operations

Date (MM/DD/YYYY)

11. AUTHORIZATION OF VICE PRESIDENT FOR FINANCE

I find that this program _____(is/is not) consistent with The Citadel's educational mission and I _____(approve/do not approve) this program under the provisions of The Citadel's *Protection of Minors Policy*. I _____(concur/ do not concur) with the Associate VP for Facilities and Engineering about the fees for the facilities. The Citadel will charge \$_____for the facilities listed in #8 above.

Explanation for Rejection of Program: _____

Signature of Vice President for Finance

Date (MM/DD/YYYY)

*Note: All overnight Programs must be approved by The President of The Citadel.
Both the Executive Assistant to The President and The President should be notified.*

12. AUTHORIZATION OF PRESIDENT

I _____(certify) this overnight program has been briefed to the President of The Citadel for final approval.

**Signature of Child Protection /
Chief Compliance Officer**

Date (MM/DD/YYYY)

INSTRUCTIONS FOR COLLECTION OF MATERIALS AFTER APPROVAL AND PRIOR TO COMMENCEMENT OF PROGRAM

Following complete approval of Citadel officials, Program Directors must begin detailed planning of program activities. Program Directors must obtain and maintain in the program files the documents listed below. These documents must be brought to the actual event while it is being held on The Citadel campus, such that the documents can be reviewed by Citadel officials if requested. Failure to provide these documents to Citadel personnel can result in immediate termination of the program.

1. Form 4: "Program Counselor's Voluntary Disclosure and Background Check Form"
2. Form 5: "Release and Hold Harmless, Medical, and Photography Consent Agreement"
3. Form 6: "Physician's Certification of Participant's Health" (for sports-related programs only)
4. Form 7. "Program Incident Report Form (for use when an incident occurs)"

PROGRAM COUNSELOR'S VOLUNTARY DISCOLSURE and BACKGROUND CHECK FORM

Each Program Counselor must complete this form and submit it to the Program Director.

The information provided below will be used to screen for criminal convictions. Your employment or volunteer participation in any Citadel affiliated program is contingent upon the satisfactory completion of a background screen. Individuals who have been convicted of a sexual offense are not eligible to serve in an employment or volunteer capacity for any Citadel affiliated programs involving children.

The information on this form, together with any attachments, is the property of the program to which you are applying. The results of the background check will be shared with The Citadel, with all confidential information redacted. State law requires that you be informed of the following: (1) you are entitled to request to be informed about the collected facts about yourself by use of this form (with exceptions as provided by law); (2) you are entitled to receive and review that information; (3) you are entitled to have the information corrected at no charge to you.

DO NOT provide this completed form back to The Citadel. Provide it to your Program Director.

1. **NAME:** _____
Last First Middle Suffix

2. **OTHER NAMES YOU HAVE USED** (including maiden name):

NAME: _____
Last First Middle Dates of Use

NAME: _____
Last First Middle Dates of Use

3. **DATE of BIRTH:** Month _____ Day _____ Year _____

4. **CURRENT ADDRESS**

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

DRIVER'S LIC. #: _____ **SOCIAL SECURITY NUMBER:** _____

5. **PREVIOUS ADDRESSES for LAST FIVE (5) YEARS** (include college and home addresses). Use a separate sheet if necessary.

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ **DATES:** _____

For additional addresses, attach on a separate sheet with information above

CRIMINAL and CIVIL RECORD

6. Have you ever been convicted of a violation of any local, State, or Federal law other than minor traffic violations? (This includes a plea of guilty or no contest.) **[Check one.]** YES NO

If yes, please explain. For each conviction, include the crime for which you were convicted or plead guilty, the date of conviction, the court (including city and state), and the sentence imposed.

7. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

8. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

9. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? **[Check one.]** YES NO

If yes, please explain: (Use a separate sheet, if necessary.)

10. ACKNOWLEDGEMENT. I understand that:

- A. The program may deny employment to any person who answers "yes" to any one of the questions above. If hired and the employer later discovers circumstances that would indicate a "yes" answer to any of the above questions, employment maybe terminated immediately.
- B. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
1. **I hereby authorize** the operators of the above referenced program, and/or The Citadel Human Resources office, to check my personal information against records maintained on the South Carolina Department of Public Safety Crime Records Service, the Sex Offender Database, and other similar State or Federal criminal records.
 2. **I further authorize** any law enforcement agency to furnish to The Citadel, or its agent, my criminal conviction record for a misdemeanor or felony offense.
 3. **I hereby release** all agents, servants, and employees of The Citadel, the person in charge of such law enforcement agency or department, and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The Citadel.
- C. The program may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
1. have a history of complaints of abuse of a minor;
 2. have resigned, been terminated or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
 3. have falsified or omitted information in this disclosure statement.
- D. This disclosure statement must be updated yearly.

Signature _____ Date _____
(MM/DD/YYYY)

Signature of Minor's Parent/Guardian _____ Date _____
(MM/DD/YYYY)

RELEASE & HOLD HARMLESS, MEDICAL, PHOTOGRAPHY, & TRANSPORT CONSENT AGREEMENT

In order to participate in the program, the Parent/Guardian of a Minor must complete this form and submit it to the Program Director. Counselors must complete this form and submit it to the Program Director.

_____(Initials or N/A) **For Parent/Guardian of Minor.** I am the Parent/Guardian of _____ (“Participant”) who is under eighteen years of age, and I am fully competent to sign this Agreement.

_____(Initials) **For Parent/Guardian of Minor or Counselor.** I give permission for Participant to participate in _____ (hereafter “the Program”). I acknowledge that the risk of injury from the activity involved in the Program is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist. I understand and appreciate the nature of such hazards and risks.

_____(Initials) In consideration of Participant being permitted to participate in the Sports Program, I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, **KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE of the Sports Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, and I assume full responsibility for my child’s participation in the program.

_____(Initials) I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, HEREBY **RELEASE AND HOLD HARMLESS** the Program, The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, (“Releasees”), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, that may result from or occur during Participant’s participation in the Program.

_____(Initials) I further agree to indemnify and hold harmless **The Citadel, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns**, from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in **the Sports Program**.

_____(Initials) **MEDICAL CONSENT**

1. ROLE of PARTICIPANT at PROGRAM: [Check one.]

- Minor [Complete #2.] Counselor [Skip to #3.]

2. INFORMATION ABOUT MINOR’S PARENTS or GUARDIANS

Name of Parents/Guardians: _____ Home Phone: _____
Mother’s Day Phone: _____ Mother’s Mobile Phone: _____
Father’s Day Phone: _____ Father’s Mobile Phone: _____

3. EMERGENCY CONTACT

I understand that I will be contacted as soon as possible in the event that my child will need medical attention. If I am not available, please contact:

FIRST EMERGENCY CONTACT

Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____

SECOND EMERGENCY CONTACT

Name: _____ Home Phone: _____
Work Phone: _____ Mobile Phone: _____

4. **MEDICAL HISTORY (Fill out where applicable.)**

A. **KNOWN MEDICAL, BEHAVIORAL, and PSYCHOLOGICAL CONDITIONS (Describe):**

B. **ALLERGIES (Describe):**

C. **PREVIOUS INJURIES (Include Dates):**

5. **MEDICATION**

A. **REGULAR MEDICATION REQUIRED: [Check one.]** **YES** **NO**
IF YES, LIST MEDICATION, DOSAGE, and TIME of DAY for TAKING

- Medications will only be dispensed from the original pharmacy container labeled with the person's name, medicine name, dosage, and timing of consumption. A program official will dispense the medication. Please note that the Infirmary does not dispense medications except in the event of an emergency.
- Over-the-counter medications must be provided in the manufacturer's container and labeled with the Minor's name, dosage, and timing of consumption.
- The parent or guardian of a minor must provide written authorization before any medication can be dispensed to a Minor.

Medication	Dosage	Time(s) of Day for Taking

B. **SPECIAL NEEDS for ACCOMMODATION at PROGRAM (Describe):** _____

_____(Initials) **PHOTOGRAPHY CONSENT.** I authorize The Citadel and the Program to use any photographs or videos taken of the minor or counselor listed for publicity purposes. These photographs or videos may be posted to a web page, printed in newspapers/magazines, used in public displays, or used in some other appropriate manner to advertise this program.

_____(Initials) **PERSONS AUTHORIZED TO PICK-UP & TRANSPORT MINOR TO/FROM PROGRAM.** The following person(s) is (are) authorized to pick-up & transport the minor to/from the program. There are no criminal, civil, legal, or other reasons precluding these persons from maintaining the safety of the minor. _____

_____(Initials) **I HAVE READ THIS RELEASE AND HOLD HARMLESS & CONSENT AGREEMENT, FULLY UNDERSTANDING ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Printed Legal Name: _____

Parent's / Guardian's Printed Legal Name: _____

Signature of Parent / Guardian or Counselor: _____ Date: _____
(MM/DD/YYYY)

I also agree to follow all instructions and procedures of the program.

Participant's Signature: _____ Date: _____
(MM/DD/YYYY)

PHYSICIAN'S CERTIFICATION of PARTICIPANT'S HEALTH

*In order to participate in a **sports-related program**, the Physician of a Minor or Counselor in the Program must complete this form. The completed form must be returned to the Program Director. If a physical examination occurred within the last six months, then a copy of the results may be attached. Otherwise a physical examination must be conducted by a licensed healthcare practitioner within six months prior to the program. A physical examination is also required if the individual is currently under medical care, takes prescribed medication, requires a medically prescribed diet, has had an injury or illness during the last six months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered concussion from a head injury.*

Participant's Name: _____ Last 4 digits of SSN: _____

Note to Licensed Healthcare Practitioner: The person listed above will be participating in a program at The Citadel that may involve strenuous athletic outdoor activities, where the temperature may reach 95°F. Please review the healthcare history with this person for any interim changes. Please explain any abnormal evaluations. Thank you.

1. GENERAL HEALTH

Height: _____	Weight: _____	Blood Pressure: _____
Eyes: _____	Glasses/Contacts: _____	Hearing: _____
Teeth: _____	Braces: _____	Skin: _____
Heart: _____	Nose: _____	Throat: _____
Lungs: _____	Abdomen: _____	Hernia: _____
Posture (Spine): _____	Extremities: _____	Genitalia: _____

Allergies to Medications: _____

Other Allergies (Please specify type and severity): _____

2. MEDICAL HISTORY

Does the individual have chronic medical problems, emotional difficulties, or behavioral issues of which you are aware? **[Check one.]** YES NO

If Yes, please describe the condition and list prescribed medications and dosing instructions.

Recommendations and/or restrictions (e.g., diet, swimming, etc.):

3. ACKNOWLEDGEMENT

I certify the veracity of the above information.

Printed Name of Examining Physician: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ **Date:** _____

Signature of Examining Physician: _____

PROGRAM INCIDENT REPORT FORM

Instructions

Complete all information as soon as possible (within 24 hours) of **any** incident. An incident is defined as any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of someone. Examples include abuse, neglect, exploitation, injury, missing person, death, medical emergency, suicide, or attempted suicide, etc. If there are any witnesses, obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, forward a copy to The Director of Environmental Health and Safety.

Program Name: _____ Date: _____

Name of Person Involved: _____ Age _____ Sex _____ Minor Counselor Visitor
Address: _____ Phone: _____

Additional Person Involved: _____ Age _____ Sex _____ Minor Counselor Visitor
Address: _____ Phone: _____

Additional Person Involved: _____ Age _____ Sex _____ Minor Counselor Visitor
Address: _____ Phone: _____

Counselor/Reporting Party: _____
Address: _____ Phone: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Detailed Description of Incident: (Use separate sheets as necessary. Include a diagram if possible)

Was injured party participating in any activity at the time of injury? Yes No

If "yes," describe activity: _____

Identify any equipment involved, if any: _____

Did Citadel Public Safety Respond? Yes No

If Yes: Officer Responding: _____

Incident Report Number: _____

Did Anyone Receive Medical Attention? Yes No

If Yes: Where: _____

Transport Provided By: _____

Was any other action taken by the counselor? _____

Were parents notified? Yes No

If yes: Method of Notification: Writing Phone Other (Describe: _____)

By Whom: _____ Position: _____ Phone: _____

Parent's Response: _____

Witness(es) (Please note the name and contact information for any witnesses to the incident.):

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____

Reporting Individual: _____ Position: _____ Phone: _____ Date: _____

(MM/DD/YYYY)