

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)
