



Certification of Background Checks and Training for Third Party Programs

It is Stetson University policy that all employees and volunteers of non-Stetson, Third Party Programs using University facilities must be compliant with the Stetson University Protection of Minors Policy. This form must be completed and signed by the Third Party Program director and forwarded to the Office of Risk Management prior to commencement of any Direct Contact with Minors.

Section One: Program Information

External Sponsor: _____

Name of Primary Contact Person: _____ Phone Number: _____

Address: _____ Email: _____

Name of Event: _____

Brief Description of Event Activities: _____

Event Date: _____ Event Time: _____

Name of Program Sponsor (Stetson Community Member): _____

Section Two: Authorized Persons

The following persons have been authorized to have Direct Contact with Minors while participating in the Third Party Program as identified on this form. If additional space is needed, please check this box and list all the additional persons on Page 2 of this document.

Last Name	First Name	Position

Section Three: Certification

By signing below, I affirm that:

1. The authorized persons listed above successfully passed criminal background checks;
2. The authorized persons listed above have received training on preventing, identifying, and reporting child abuse; and
3. The information as set forth above is true and correct.

Name: _____ Title: _____

Signature: _____ Date: _____

