

**APPENDIX D**

**Ashland University  
Protection of Minors Policy  
Non-University Sponsored Event Roster/Checklist**

This form is to be used for events that are NOT sponsored by Ashland University that fall under the Protection of Minors Policy.

Name of Event: \_\_\_\_\_

Department or Unit Allowing the Event: \_\_\_\_\_

Date/s of the Event: \_\_\_\_\_

**TRAINING**

Please list all volunteers, employees or any other adult that will be participating in the event in an official capacity and verify they have read Appendix A of the Protection of Minors Policy – “Training Requirements for Those Involved with Minors”. Please indicate that you have collected their “Certification”, which is within the Policy. Attach additional lines, if necessary.

<b>Adult's Name</b>	<b>Certification Received v</b>

**BACKGROUND CHECK**

The following categories of adults are required to have undergone a criminal background check within four (4) years of their participation in University activities or programs involving minors. Note that results must be received prior to the individual's participation in the program.

- Directors and supervisors of programs involving minors, including those who are responsible for supervising those who interact with minors;

- Those who stay overnight with minors as part of their job responsibilities in a program or activity involving minors; and
- Those who regularly spend time alone with minors as part of their job responsibilities or role in a program involving minors. Attach additional lines, if necessary.

ANY ITEMS IDENTIFIED ON THE BACKGROUND CHECK THAT WOULD REMOTELY PERTAIN TO THE PROTECTION OF MINORS MUST BE DISCUSSED WITH THE DEPARTMENT OR UNIT AT THE UNIVERSITY ALLOWING THE EVENT. THAT CONTACT PERSON WILL DISCUSS THE RESULTS WITH OTHER UNIVERSITY OFFICIALS SO THAT A DECISION ON PARTICIPATION CAN BE MADE.

Adult's Name	Background Check Completed and Reviewed v

**Please retain a copy of this signed form for your records and scan a copy to [hr@ashland.edu](mailto:hr@ashland.edu) and your University contact allowing the event. The completed form must be submitted at least 2 (two) business days prior to the event. Thank you.**

Signature of party validating compliance: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_