



PROGRAM REGISTRATION FORM

MOUNT ST. JOSEPH
UNIVERSITY

This Mount St. Joseph University (the “University”) Program Form is required to register all camps, events, programs, and activities that may take place on the University’s property, in University facilities, or under the supervision of the University, whether operated by the University or third parties (collectively, the "Programs"). This Program Form is not required for University intercollegiate sports programs, University-sponsored programs for students currently enrolled at the University, or University-sponsored programs that may include children under the age of 18 (“Minors”) at which the Minors’ parents/guardians will be present at all times. The University reserves the right to prohibit individuals from participating in any Program for any reason. In addition to completing this Program Form, additional documents and/or policy adherence may be required prior to any Program to occur at the University.

Third-Party Program - (Programs Not Sponsored by the University)

Name of Organization/Individual/Entity Hosting Program (the “Host”):
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Name of Individual Responsible for the Program (the “Program Director”):
Address of Host:
Phone number of Host:
Phone number of Program Director:
Website/email address of Host:
Email address of Program Director:
Name of Program:
Date(s) of Program:
Time(s) of Program:
Description of Program:

Number of expected Program participants:
Check if Minors will be involved in the Program in any manner: Y/N ____ If yes, must obtain a background check approval from the Office of Human Resources. If yes, how will Minors be involved in the Program:

Number of expected audience members/spectators, if applicable:
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By signing below, the Program Director acknowledges receipt of the University’s Volunteer Policy and Protection of Minors Policy and Procedures and agrees that the Program Director has complied with both policies and shall adhere to all other applicable University policies that are accessible by the Program Director either through the University’s website or MyMount.

Signature of Program Director: _____ Date _____

University-Sponsored Programs

Name of Individual Responsible for the Program (the "Program Director"):
Phone number of Program Director:
Email address of Program Director:
Name of Program:
Date(s) of Program:
Time(s) of Program:
Description of Program:
Number of expected Program participants:
Check if Minors will be involved in the Program in any manner: Y/N _____ If yes, how will Minors be involved in the Program:

Number of expected audience members/spectators, if applicable:
List of Individuals Assisting Program Director with the Program, if any:
Name: _____ Contact Information: _____ Current Employee or Student Y N
Name: _____ Contact Information: _____ Current Employee or Student Y N
Name: _____ Contact Information: _____ Current Employee or Student Y N
Name: _____ Contact Information: _____ Current Employee or Student Y N
Name: _____ Contact Information: _____ Current Employee or Student Y N

If volunteers are involved in the program, you must obtain background check approval, consistent with the Volunteer Policy.

By signing below, the Program Director acknowledges receipt of the University's Volunteer Policy and Protection of Minors Policy and Procedures and agrees that the Program Director has complied with both policies and shall adhere to all other applicable University policies that are accessible by the Program Director either through the University's website or MyMount.

Signature of Program Director: _____ Date _____

Signature Approval of Program Director's University Supervisor: _____ Date _____

Signature Approval of Program Budget from Controller: _____ Date _____

Signature of Approval Confirming Adherence to Volunteer Registration
and/or Protection of Minors Policy and Procedures: _____ Date _____

Return Completed Program Forms at Least 60 Days prior to the Proposed Start of Any Program to:

Name: _____
 Mount St. Joseph University
 5701 Delhi Road
 Cincinnati, OH 45233-1672
 513-244-_____
 Email: _____