

## **DIVISION OF ADMINISTRATION & FINANCE**

RISK MANAGEMENT WH-B 470C PHONE: (310) 243-3867

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## **Youth Protection Program Registration**

This form is to be filled out at least 30 days prior to any program or activity that involves youth on campus or affiliated with CSU Dominguez Hills. Form must be filled out and submitted by the Program Director/Coordinator.

Name of Program(s)					
Duration of Program(s) (e.g. Academic Year, Year-Roun	d, etc)				
Type of Program(s) (Checl all that apply)	Off-Ca	On-Campus Activities Sponsored by Campus Departments Off-Campus Activities Sponsored by Campus Departments On-Campus Activities Sponsored by External Third Parties			
Location(s) where program will be conducted		. ,			
Details of program(s) (Attached details if applicable)					
Anticipated number of yo participants	uth	Ages of youth participants			
Number of Staff Superviso	ors	Number of Adult Volunteers			
	A	pprovals			
	First & Last Name	First & Last Name Signature			
Program Director					
Program Director  Executive Director/Associate Vice President/Dean					
Executive Director/Associate Vice					
Executive Director/Associate Vice President/Dean Vice President	that <u>The Child Abuse Neglect and R</u> 74.3, requires mandated reporting, Ir employment as a mandated repo	use or neglect pursuant to Executive Or eporting Act (CANRA), codified in Califor whenever you, in your professional carter, have knowledge of or reasonably licy"	ornia Penal Code apacity or within the		

## Authorized Staff/Faculty who have contact with youth.

## \*Internal Use Only.

Legal First Name and Legal Last Name	Email Address	Classification (faculty, staff, student assistant, volunteer, etc.)	*Passed Livescan Check	*Completed Youth Protection Training