External Organization Clearance and Code of Conduct Verification

-Chaperone or Legal Guardian-

Name of Program:	
Program Director:	
Dates of Program:	
Contact Information:	
Name of Employer/Organization:	
Authorized Employer Representative:	
Address:	
Phone Number:Email Address:	
The following persons are associated with our organization and/or the operation of the above program. These individuals are to be a are under the legal guardianship of the above organization. The in required by our organization and have been trained as a Mandated	cting in the capacity of chaperon and legal guardian for minors who dividuals below have provided the appropriate clearances that are
Full Name	Contact Number
Supervision Ratio - one staff for every twelve participants (ages 6 - 17). No By signing this form, I swear and affirm under penalty of law that the statement statements herein shall subject me to criminal prosecution under 18 Pa.C.S. §4 are raised from clearances or other resources, prior or during the program dat Conference and Events staff. All members have received and read Clarion Uni	nts made in this form are true, correct and complete. I understand that false 1904, relating to unsworn falsification to authorities. Any concerns of staff that es, are to be brought to the attention of Clarion University through the
Comerence and Events start. An members have received and read Clarion Uni	versity 3 code of Coridact.
Authorized Employer Representative	Date

Clarion University Authorized Adults or Program Staff Code of Conduct

Authorized adults or program staff should be positive role models for minors and act in a responsible manner that is consistent with the mission of Clarion University. Authorized adults or program staff are required to comply with all applicable laws and PASSHE Board of Governors' and Clarion University policies. Authorized adults or program staff working in programs covered by this policy must follow these expectations.

- A. Do not engage in any sexual activity, make sexual comments, tell sexual jokes, or share sexually explicit material with minors or assist in any way to provide access to such material to minors.
- B. Do not engage or allow minors to engage you in romantic or sexual conversations or related matters. Similarly, do not treat minors as confidantes; refrain from sharing sensitive personal information about yourself. Examples of sensitive personal information that should not be shared with minors are information about financial challenges, workplace challenges, drug or alcohol use, and romantic relationships.
- C. Do not touch minors in a manner that a reasonable person could interpret as inappropriate. All personal contact should generally only be in the open, and in response to the minor's needs for a purpose that is consistent with the program's mission and culture, or for a clear educational, developmental, or health-related purpose (e.g., treatment of injury). Any refusal or resistance from the minor should be respected.
- D. Do not use harassing language that would violate Board of Governors' Policy 2009-03: *Social Equity*, or university harassment policies.
- E. Do not be alone with a minor. If one-on-one contact is required, meet in open, well-illuminated spaces or rooms with windows observable by other authorized adults or program staff, unless the one-on-one contact is expressly authorized by the program administrator or is being undertaken for medical care.
- F. Do not meet with minors outside of established times for program activities. Any exceptions require written parental authorization and must include more than one authorized adult or program staff.
- G. Do not invite individual minors to your home or other private locations. Any exceptions require authorization by the program administrator and written authorization by a parent/guardian.
- H. Do no provide gifts to minors or their families independent of items provided by the program.
- I. Do not engage or communicate with minors except for an educational or programmatic purpose; the content of the communication must be consistent with the mission of the program and the university.

Provide narrative detailing trainings provided to the individuals that are listed as Authorized Adults for your event.	
A. Detecting and reporting abuse or neglect (https://www.childwelfare.gov/pubPDFs/whatiscan.pdf) (Ex: has been reviewed with student/staff and documented when training or handout was given out.)	
B. First aid/CPR and medication management (All individuals may not have to have first aid, CPR, and medication management as long as there is someone who is trained with the minors at all times. Please list all individuals who are certified and aware of responsibility.)	
C. Participant conduct management and disciplinary procedures (What are your expectations of your participants and how will you manage behavior) (Ex: All participants will be expected to act with professionalism and will be cautioned concerning the solicitation with minor participants.)	
D. Authorized adult or program staff code of conduct (What is your organization's code of conduct, i.e. Clarion University's Code of Conduct is included in the Facilities Usage Request Form, Facilities Usage Agreement, and can be found on pg. 5 of policy at: http://www.clarion.edu/about-clarion/offices-and-administration/university-support-and-business/office-of-social-equity/policies-and-compliance/pom-policy-052015.pdf . Please review with your student/staff and document when training or handout was given out.)	
E. Sexual and other unlawful harassment (What is your organization's training on harassment or what trainings have individuals received? Ex: Completed university sexual harassment training online.)	
F. Safety and security protocols (What is your organization's training on safety and security or what trainings have individuals received? Ex. All staff and students have received a safety training and procedure of what to do in an emergency.)	

A statement regarding the supervision ratio for the program. A statement regarding safety and security planning for the program. A certification that parents or legal guardians of minors have submitted or will submit the appropriate participation quirement forms. (These forms may include, but are not limited to a participation agreement, health form, emergency contact form and of a medical insurance, photo and recording release, and participant code of conduct.) A description of the transportation associated with the program, if applicable. A description of the housing associated with the program, if applicable.	i. Crime reporting procedures/Mandated reporter (Link to mandated reporter training - https://www.reportabusepa.pitt.edu/ rebapps/portal/execute/tabs/tabAction?tab_tab_group_id= 2 1 Ex: See attached mandated reporter certificates.)
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N. Response protocols when a participant is accused of misconduct.
C. Drogram evicentation as information for minors and payonts
O. Program orientation or information for minors and parents.
P. Insurance requirements as detailed in Section V of Protection and Supervision of Minors policy.
Q. Record retention.