

# Student Association At Binghamton University

## Request to Sponsor an Event Including Children Under 17

Any Student Association chartered or affiliated organization wishing to conduct an event on or off campus which will include participation by, or with children under the age of 17, are required to complete this form at least **45 class days** prior to the anticipated activity.

Today's Date: \_\_\_\_\_

Name of Person Submitting Form: \_\_\_\_\_

Submitter's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Submitter's e-mail: \_\_\_\_\_

Name of Sponsoring SA Organization: \_\_\_\_\_

Name of Student Coordinating the Event: \_\_\_\_\_

Coordinator's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Coordinator's e-mail: \_\_\_\_\_

### **FULLY DESCRIBE THE PROPOSED EVENT:**

Event Date(s): From: \_\_\_\_\_ to \_\_\_\_\_

Event Time (s): From: \_\_\_\_\_ to \_\_\_\_\_

Event Description: (Use additional sheets if necessary)

Purpose or Goal of the event:

Is this event being conducted in cooperation with, or under the sponsorship of another university department, an off campus agency, a school district or other entity?

YES \_\_\_\_\_ NO \_\_\_\_\_ (SA Organization is the only sponsor)

If YES:

Name of additional sponsoring Organization: \_\_\_\_\_

Contact person's Name: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Contact Person's e-mail: \_\_\_\_\_

Location of Event:

Will travel with children be involved: (Describe)

How many children are expected to participate? \_\_\_\_\_ Ages \_\_\_\_\_

Will the children be accompanied and supervised by their parents, an agency professional, a teacher or other responsible person in addition to students during this event?

YES \_\_\_\_\_ NO \_\_\_\_\_ (Students are the only supervisors)

If YES, Describe:

Will the sponsoring organization be completing background checks on the students involved?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Names and B-Numbers of all students who might be responsible for and/or directly interact with children during this event: *(Use additional sheets if necessary)*

Full Legal Name

Date of Birth

Home/Local Address

Role in Program

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**OFFICE USE ONLY:**

Date Form Submitted: \_\_\_\_\_

Event Determined to be SA responsibility: YES \_\_\_\_\_ NO \_\_\_\_\_

Rationale for determination:

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**Registry Checks:**

The Student Association has conducted both the NYS and National Sex Offender Registry checks in reference to each of the above listed student (and hose on additional sheets if attached).

I, \_\_\_\_\_, attest that no records were found indicating that any student is on either registry.

Signature: \_\_\_\_\_

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

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**FOLLOW UP:**

Organization Contacted By: \_\_\_\_\_

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