FAYETTEVILLE STATE UNIVERSITY
VIRTUAL PROGRAMS INVOLVING MINORS
REGISTRATION FORM FOR UNIVERSITY PROGRAMS

Fayetteville State University requires all University programs involving minors (under the age 18) and all third-party programs on the University campus to be registered annually. This registration form must be completed to avoid cancellation of the program’s activities. Please complete and return this form to Dr. Jane Smith, jsmit101@uncfsu.edu or BCBE 130 no later than **60 days prior to your program’s start**.

<table>
<thead>
<tr>
<th>Department Sponsor:</th>
<th>__________________________________________________________________________</th>
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<tbody>
<tr>
<td>Program Director Name:</td>
<td>__________________________________________________________________________</td>
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<tr>
<td>Phone:</td>
<td>(____) __________________________</td>
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</tbody>
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### PROGRAM DETAILS

Name of Program: _______________________________________________________________________

Description of Program: ________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  

Program Dates:            Start date ____________              End date ____________

Type of Program:  
☐ Academic  ☐ Admissions  ☐ Athletic Camp  ☐ Service
☐ Space Rental  ☐ Special Event  ☐ Other

Is this a new program (**never operated before**)?  ☐ Yes  ☐ No  Years Operated ____________

Description of Delivery of Virtual Program/Activities (**Please list all, be specific**):
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  
____________________________________________________________________________________  

(Section continues next page)
MINORS

Ages of Minors eligible to participate (Check all that apply): ☐0-5  ☐6-12  ☐13-17

How will the Minors Participate? __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Estimated # of participating Minors: ______

How will the staff interact with the minors? _________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PERSONNEL

Estimated Number and Type of Program Personnel: ☐FSU Faculty _______  ☐FSU Staff _______

☐FSU Students _______  ☐Adult Volunteers _______  ☐Temporary Employees _______

Will the program employ anyone or utilize volunteers under the age of 18?  ☐Yes  ☐No
(If YES, please explain) _________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please attach a list with the complete names and email addresses of all Authorized Adults working in the Program. Background checks must be conducted on each Authorized Adult prior to working with minors.

Also, each Authorized Adult must complete an annual training program no later than one week prior to working with minors.

(Section continues next page)

NOTE: The term “Authorized Adult” means an individual, 18 years and older, paid or unpaid, who works closely with, supervises, instructs, or otherwise comes into direct, non-incidental contact with minors in the program. This does not include invited guest speakers, guest lecturers, or guest instructors whose interaction with minors is limited and only in the presence of an Authorized Adult.
My signature certifies that I am aware and understand that Fayetteville State University requires all adults working with Programs that serve Minors to have a current criminal background check completed and on file and to attend a mandatory training prior to working with Minors.

_____________________________________________  ______________________________
Signature of Program Director                      Date

_____________________________________________  ______________________________
Signature of Unit/Department Chair                  Date

_____________________________________________  ______________________________
Signature of Dean or Vice Chancellor                Date

Please forward completed forms and required information to Dr. Jane Smith,
jsmit101@uncfsu.edu or Office for Adult Learners, BCBE 130.