

Minors on Campus External Organization Review Form

Contact for organization/event (Name/Number/Email) _____

Name of external organization _____

Name of event _____

Date/Event Location _____

Describe event participants _____

Will the event include minors ____ Yes ____ No

If yes, please identify who will maintain custody of minors for the duration of the event.

Organization Members* _____

Parents/Guardians _____

Other (Please Describe) _____

*If the members of your organization will maintain custody of the minors during your event, you must complete all components of the ***VSU Protection of Minors Policy*** located at the following link – <http://www.valdosta.edu/administration/social-equity/minors-on-campus/>

This section to be completed by Office of Social Equity personnel only

The external organization listed above is exempt from the VSU Protection of Minors Policy and is approved to reserve a facility.

-OR-

The external organization listed above is covered under the VSU Protection of Minors Policy and must complete all components before receiving approval to reserve a facility.

Dr. Maggie Viverette

Date