

## CSU Pueblo Minors On Campus Event Program Plan

*Describe in detail your approach to handle each of the items below as it pertains to your request event. This form will then need to be reviewed by your department and signed off for approval.*

<b>Name of Program/Event/Conference:</b>	
<b>Sponsoring Department:</b>	<b>Event Organizer Name:</b>
<b>Proposed Dates:</b>	<b>Location:</b>
<b>Expected Attendance:</b>	<b>Participant Age Group:</b>
<b>Program Description:</b>	
<b>Program Purpose/Desired Outcomes:</b>	
<b>Estimated Costs:</b>	
<b>Funding Sources:</b>	
<b>Tentative Agenda:</b>	
<b>Requirements for Participation:</b>	
<ul style="list-style-type: none"> <li>● Sample advertising materials</li> <li>● Social media advertising/communication plan</li> <li>● Please list third party company if any collecting participation forms: _____ _____</li> </ul> <p style="text-align: center;">Has the third party company been approved by CSU-Pueblo?    YES    NO</p>	
<b>Health and Safety Plan:</b>	
<ul style="list-style-type: none"> <li>● Medical Treatment Authorization Form</li> <li>● Liability Waiver Form</li> <li>● Media Release Form</li> <li>● Parent/Guardian Consent Form/Emergency Contact Information</li> <li>● Treatment Procedures including incident report form and health log</li> <li>● Adequate supervision for youth groups (12:1 youth to adult ratio)</li> <li>● First response-Inclement weather/emergency plan</li> <li>● Missing or Runaway participant procedures</li> </ul>	
<b>Conduct Expectations/Consequences:</b>	
<ul style="list-style-type: none"> <li>● Alcohol, tobacco, drugs, fireworks, guns, etc.</li> <li>● Rules about when participants may leave campus during the program</li> <li>● No toleration for violence</li> <li>● No toleration for sexual harassment, sexual abuse, and other sexually inappropriate conduct</li> <li>● No toleration for hazing and bullying (physical, verbal or cyber-bullying)</li> <li>● No toleration for misuse or damage of University property</li> <li>● Prohibition against cameras and other digital recording devices in showers, restrooms, locker rooms, and other areas where privacy is expected</li> <li>● Consequences for violating conduct code</li> </ul>	

<ul style="list-style-type: none"> <li>● Procedures for early dismissal</li> </ul>
<b>Housing Specifics:</b>
<ul style="list-style-type: none"> <li>● In-room visitation for participants and non-participants</li> <li>● Curfew</li> <li>● Lights out</li> <li>● Plan for adults and minors using shared restrooms (if applicable)</li> <li>● Access plan</li> </ul>
<b>Event Staff/Volunteers:</b>
<ul style="list-style-type: none"> <li>● Staff selection/application process</li> <li>● Background investigations</li> <li>● List any Staff training (responsibilities, expectations, emergency training, safety/security cautions)</li> <li>● HIPAA Acknowledgement Form</li> <li>● Review of Protection of Minors Policy (if applicable)</li> <li>● Initial orientation program for participants</li> </ul>
<b>Programming Risks:</b>
<ul style="list-style-type: none"> <li>● Transportation plan and guidelines for staff and volunteers</li> <li>● High risk scheduled activities</li> <li>● At risk populations</li> </ul>
<b>Departmental Specific Plan Requirements</b>
Please describe:

\_\_\_\_\_  
Signature of Event Organizer

\_\_\_\_\_  
Date of Submission

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*(to be completed by sponsoring department head if program is **approved**)*

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Signature of Department Head

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Department Head Name

**Event is approved pending the following plan alterations/additions:**