**VU Students & The Protection of Minors**

Name of your organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your organization ever work with minors (children under 18 years old)? Please circle: YES NO

If no, you can discontinue this survey.

**If yes:**

*Please circle Y or N for your answers & fill in the blanks as appropriate.*

* Are the minors supervised by a parent or legal guardian during that time? (Y / N)
* Are you required (by any outside organization) to obtain a background check to work with  minors? ( Y / N )
* Are you required to be fingerprinted in order to work with minors? (Y / N )
* Who requires you to obtain a background check and/or fingerprinting?
* Required by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How do you typically (or plan to) cover the costs for obtaining a background check and/or  fingerprinting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please provide your name, VUNET ID, and email so we can follow up with you regarding the steps you need to take in order to work with minors this year. It'ʹs important to protect them *and* to protect you. Thank you for the work you are doing!

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **VUnet ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please return this sheet to an OACS staff member on your way out today.*