

## ***Guidelines for Working with Minors***

***During this event, you will be working with minors*** (i.e. individuals under the age of 18). To ensure appropriate protection and supervision of minors, I will do the following:

***(Please initial each statement, and sign below)***

\_\_\_\_ I will maintain the highest standards of personal behavior when interacting with minors, and act in a way so as to be a positive role model. I will not use inappropriate language, make sexually suggestive comments, or act in ways intended to shame, humiliate, belittle, or degrade a minor.

\_\_\_\_ I will have no one-on-one interaction with a minor outside the public setting in which this event is held.

\_\_\_\_ I will not have any direct electronic or social media contact with minors.

\_\_\_\_ I will treat all minors consistently and fairly, with respect and dignity, and observe appropriate boundaries.

\_\_\_\_ If minors engage in inappropriate behavior, including inappropriate touch or language, I will report this behavior to the Director of the event.

\_\_\_\_ I will be aware of how my actions and intentions might be perceived or misinterpreted.

\_\_\_\_ I will consult with the Director of this event if I feel uncertain about a situation.

\_\_\_\_ I will report any injury to a minor immediately to the Director of this event, and call 911 immediately in case of an emergency. I will request an Incident Report Form from the Director, complete it, and submit it to the UCO Risk Manager.

\_\_\_\_ If I suspect that a minor is a victim of abuse or neglect, I will report it immediately to the Campus Police, University Title IX Coordinator, and Department of Human Services (the Director of this event can supply contact information).

By signing this form, I acknowledge that I have read and understood the guidelines for working with minors. Furthermore, I agree to adhere to the guidelines for working with minors. Please sign and date below. Include your full name and email address.

Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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