UNIVERSITY OF OREGON

Youth Program Summary Report

Submit electronically to riskmanagement@uoregon.edu two weeks prior to the start of the youth program.
Records should be maintained by departments for six years

Youth Program Name: _____ Date(s) of Youth Program_____

UO Department Sponsoring Youth Program: _____

Youth Program Administrator Name: _____ Phone: _____

Youth Program Administrator email: _____

Name of UO Employee/Student or Volunteer	Affiliation? (Staff/Faculty, Student or Volunteer)	Date Training Video & Conduct requirements reviewed:	Background Check Completion Date: