

MONMOUTH
UNIVERSITY

Working with Minors Policy
University Programs and Activities

Department Name: _____

Department Head Name: _____

Office Extension: _____ E-mail Address _____

Description of Activity/Program:

Dates of Activity/Program:

How will the Minors Participate in the Activity:

Who will be supervising or accompanying the minors while participating in the activity:

Signatures: Department Head: _____

Vice President/Dean: _____

Please send the completed and signed form to the Office of Human Resources at least thirty (30) days prior to the first scheduled date of participation of minors.