

THIRD PARTY RISK EVALUATION

This form to be completed by third party group renting CSULB facilities that include youth participants. Attach all supporting documentation to the Third Party Risk Evaluation form and submit electronically to Risk Management at riskmanagement@csulb.edu.

Name of Group: _____

Group Contact Name: _____ Email: _____

EMS Number: _____

Name of Activity: _____

Description of Activity: _____

Date of Activity: _____

Location on campus where event will be held: _____

URL for Group/Event Website, if applicable: _____

CSULB department(s) involved in hosting this activity, if applicable: _____

NUMBER OF YOUTH PARTICIPANTS

Age 5 and under: _____

Age 6-11: _____

Age 12-14: _____

Age 15-17: _____

Adult to youth ratio: _____ adults to _____ youth

RISK EVALUATION FACTORS

(Please check the box for those that apply. These questions help identify potential risks associated with the youth activity.)

Does your program have a policy in place addressing abuse prevention and the protection of youth? If YES, please provide a copy of the policy.

Yes No

Does your program provide training on abuse prevention and reporting requirements to your staff, volunteers, and/or those with access to youth? If YES, please provide a list of trainings offered or required of staff, faculty, and volunteers.

Yes No

Does your program require your staff, volunteers, or those with access to youth to undergo background checks? If YES, please provide information on what checks are required (i.e. multi-state criminal background check, FBI fingerprint, national sex-offender registry, etc.)

Yes No

Will the parent/guardian of the youth be present at all times during the event/activity and maintain care, custody and control of their youth at all times?

Yes No

Are parent/guardian permitted to drop off of their youth participants without attending the event/activity? Please provide any documentation of rule/policy that is presented to parents.

Yes No

RISK EVALUATION FACTORS

(continue)

Are youth participants permitted to drive to the event on their own? Please provide any documentation of rule/policy that is presented to parents.

Yes No

Does your event/activity involve adults being alone with youth participants for any period, or require event volunteer/staff to be responsible for supervision, custodial care, chaperoning, or care giving for youth participants?

Yes No

Does your program have policies/procedures in place that addresses limitations of one-on-one interactions of youth participants and adults? Please provide any documentation of rules/policy.

Yes No

Are there policies in place that govern unscheduled/free time of participants? Please provide any documentation of rules/policies.

Yes No

During the program will youth participants have access to stairwells, locker rooms, private rooms or other areas where they could be isolated from the group?

Yes No

Will event take place in a location where people not affiliated with the event can easily enter into the activity space?

Yes No

Does the location of your activity include possible hazards including stairs, windows that open, moving machinery, water features such as pools or fountains, height-based- hazards, or hazards?

Yes No

Do any activities require transporting youth from one location to another (excluding walking between facilities on campus)?

Yes No

Does your activity involve overnight stays?

Yes No

Does your program require youth participants to change clothes between activities?

Yes No

SUBMITTED BY

Name: _____ Title: _____

Signature: _____ Date: _____

RISK MANAGEMENT

Reviewed by: _____ Title: _____

Signature: _____ Date: _____

Risk Management Use Only