

**UNIVERSITY OF LOUISIANA AT LAFAYETTE  
EXTERNAL ENTITY YOUTH PROGRAM CERTIFICATION FORM**

<b>Youth Program Name</b>	<b>Youth Program Date(s)</b>
<b>Name of Legal Entity Hosting Youth Program (must match name on contract with University for use of facilities)</b>	
<b>Youth Program Director Name</b>	
<b>Youth Program Director Phone</b>	<b>Youth Program Director Email</b>

I certify that I have read and understand University of Louisiana at Lafayette's Youth Protection Policy (the "Policy").

Pursuant to the Policy, I further certify that background checks have been or will be conducted on all Youth Program Personnel working in the Youth Program named above. These background checks:

\_\_\_ Have been completed within the 12 months prior to the start date of the Youth Program; or

\_\_\_ Will be completed prior to the first day of the Youth Program.

I certify that none of the Youth Program Personnel have any disqualifying events in their background check report.

Additionally, I certify that all Youth Program Personnel working in the Youth Program will have completed the "Camps on Campus: Keeping Minors Safe" course (or an equivalent course) which has been reviewed and approved by the University's Director of Environmental, Health and Safety.

I further certify that all Youth Program Personnel will comply with the Policy and will meet all supervision and oversight ratios outlined in the Policy at all times.

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

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