

# Youth Protection Program Authorized Visitors Form

## Part I: To be filled out by Sponsoring Department

1. Program/Activity Name: \_\_\_\_\_

2. Visitation Details:

a. Frequency of visit (chose one):      Once      Weekly      Bi-Weekly

b. Date(s): \_\_\_\_\_

Day:      SUN      MON      TUE      WED      THUR      FRI      SAT

c. Start and End time:    Start Time: \_\_\_\_\_    End Time: \_\_\_\_\_

d. Location: \_\_\_\_\_

3. Program Director's name and contact information (reachable phone # and email):

\_\_\_\_\_  
Program Director/Chair      (\_\_\_\_\_) \_\_\_\_\_  
Cell phone or Ofc. Ext.      email

4. Program Supervisor's name and contact information (reachable phone # and email):

\_\_\_\_\_  
Responsible for daily ops of prgrm.      (\_\_\_\_\_) \_\_\_\_\_  
Cell phone or Ofc. Ext.      email

5. Division and Department name:

\_\_\_\_\_  
Division      Department Name

3/8/2022 2:02 PM

EHSRM2021-jg

\*A list of approved visits must be on file with ESHRM (Risk Management), UPD, the Program Director, and with Residential Life prior to program commencement.

# Youth Protection Program Authorized Visitors Form

## Part II: To be filled out by Parent/Guardian of Minor/Youth Participant

### 1. Minor/Youth Participant Information:

\_\_\_\_\_  
Last Name                                      First Name                                      MI

Minor/Youth participants:      Age: \_\_\_\_\_  
   Gender: \_\_\_\_\_

### 2. Minor/Youth participants parent or guardians' visitors name and contact information (reachable phone):

I, the undersigned, agree to the above referenced visitation date(s), time(s), and location.

_____ Printed Name: Visitor 1	_____ Signature	_____ Date	_____ (    ) Cell phone
_____ Printed Name: Visitor 2	_____ Signature	_____ Date	_____ (    ) Cell phone
_____ Printed Name: Visitor 3	_____ Signature	_____ Date	_____ (    ) Cell phone

### CSUMB required approval signatures:

_____ Printed Name: Prgrm. Director/Chair	_____ Signature	_____ Date
_____ Printed Name: Prgrm. Supervisor Responsible for daily ops. of prgrm.	_____ Signature	_____ Date