

Third Party Approval Request – GHC Programs Serving Minors

Name of Approving Official (Dean, Vice President, Director)

Name:

Title:

Department:

Email Address:

Third Party Organization:

Program:

Program Administrator:

Program Dates:

By signing below, the GHC Approving Official (Vice President, Dean, Director) confirms that*:

- ☐ The above Third Party has entered into an approved Facilities Use Agreement with GHC for the above program.
- ☐ The Approving Official has completed/will complete required training to include: (a) Mandatory Reporting obligations, including child abuse awareness and prevention; (b) GHC Programs Serving Minors Policy; (c) Staff and Volunteer Code of Conduct.
- ☐ The Third Party will ensure compliance with policies, including background checks and training.

Signature of Approving Official: _____

Printed Name:

Title:

Date: