



**Extended Studies**  
WEST TEXAS A&M UNIVERSITY™

## Camp Program for Minors Application 2023-2024

Applications must be submitted **before January 31st** of each year.

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*This application must be completed by programs for minors sponsored and operated by members of the Texas A&M University System ([System Regulation 24.01.06 Programs for Minors](#)) and programs in which minors are involved in internships, volunteering in research projects, and participating in scheduled assignments in laboratory facilities or shops that use hazardous chemicals, biohazardous or infectious materials, radioactive materials or radiation-producing equipment, or where there are tool, equipment and/or machinery that pose a risk of major physical hazards ([System Regulation 24.01.08 Minors in Labs](#)). Additional member-specific information can be found in the [WTAMU Rule 24.01.06.W1 Programs for Minors](#).*

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### **Date of Application**

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#### **Program Application Contact:**

##### **Primary Contact**

Name

Title

Organization/Department

E-mail Address

Office Number

Mobile Phone Number

##### **Secondary Contact**

Name

Title

Organization/Department

Email Address

Office Number

Mobile Phone Number

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#### **Program/Event Information:**

1. Is there a sport/physical activity involved in the program?      Yes      No
2. Will the program's participants enter a laboratory facility/shop at any time?      Yes      No

4. Will the System Member or any of its affiliates play any role in the transport of camp or program participants? (if select N/A skip to #9)

5. How is the program involved in transporting participants? \_\_\_\_\_

6. What are your modes of transportation?

Charter Bus

Commercial vehicle

Other

Golf cart

11-15 Passenger van (max 10 ppl in 1 van including driver)

7. Have/will drivers complete the required training? \_\_\_\_\_

8. Has/will the Program Director confirm that the appropriate certifications/insurance is certified according to the mode of transportation and that the certificates or licenses are up to date (including golf carts)? See [Texas Seatbelt Laws, Chapter 545 Transportation Code](#).

Yes, verified.

No, will verify.

9. Does this program/event include international travel?      Yes      No

**Location** (check all that apply):

On Campus

Off Campus

Program Location(s):

Name of Venue(s):

### **Participants**

11. What is the ratio of supervision of staff to participants? (minimum 15:1)

12. Explain your check-in procedure, in regards to process, supervision, and parent/guardian verification:

13. Explain your check-out procedure, in regards to process, supervision and parent/guardian verification:

14. What procedures have been established for managing the situation of a participant who is absent and unaccounted for during the program?

15. At any time during the camp or program, will there be scheduled free time?      Yes      No

If yes, *describe free time options and supervision*: \_\_\_\_\_

16. Camp Refund Policy: \_\_\_\_\_

17. Give an exact date for when you would like the full payment for registration due (i.e. one day before the camp start date):

18. List any camp-specific questions you would like to ask during the registration process? (I.E., Position, T-shirt size, etc.) \_\_\_\_\_

19. If this application was submitted by January 31<sup>st</sup>, the link for your camp registration will be activated for public registration by February 28<sup>th</sup>. If a different date is needed please state when:

21. What is the account number to be invoiced for your camp?

20. Event Description (for website):

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## Compliance

### CPM Staff:

21. Number of CPM Staff Members who are WTAMU Employees: (i.e. went through the HR hiring/payroll processes):

22. Number of CPM Staff Members who are/will be Volunteers (non-paid):

23. How are counselors and staff chosen?

24. Will any enrolled students participate or work/volunteer for the program?      Yes      No

If yes, *will the enrolled students reside in the program's overnight accommodations during the CPM dates?*      Yes      No, other.

### **Training**

25. In addition to Child Protection Training (24.01.06 Programs for Minors), what additional training has been provided to the program employees/volunteers?

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26. The Program Director understands that the CPM must retain a record that the liability waivers have been completed and retained for two (2) years after the end of the CPM.

Yes      No

### **Background Checks**

27. To be hired/assigned as an employee or volunteer to work at a Camp Program for Minors counselors must complete a criminal conviction and sex offender background check through Human Resources or the Extended Studies Office. Have you had a background check within 365 days (count back from the start date of the first camp you plan to host)?

### **Special Considerations**

28. Will any activity of this program involve participant use of, or access to, firearms, bows, and arrows, or pressurized projectiles?      Yes      No

If yes, *do any of the activities for this program involve the use of chemicals or other ignitable/noxious gases?*

29. Do any of the activities for this program involve the use of chemicals or other ignitable/noxious gases?      Yes      No

If yes, *please describe the activity, supervision plan, supplies needed, and the safety equipment and instructions provided to participants.*

20. Do any of the program activities involve the operation of tools such as saws, X-Acto knives, drills, scissors (other than age-appropriate/safety scissors), or scalpels?      Yes      No

If yes, *please describe the activity, supervision plan, supplies needed, safety equipment, and instructions provided to participants.*

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## Participant Wellbeing

### First Aid

First Aid information should include all activities for the event. If there will be several different types of first aid for each activity (i.e. medics, first-aid trained counselors, first-aid kits, etc.), specific, detailed information should be given for each activity. Listing only that the emergency medical facility will be utilized or that the facility was notified is NOT sufficient!

21. Describe how first aid will be administered for the camp or program:

22. What type of first-aid training will be provided to program counselors?

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23. Which individuals with first-aid or medical training (may include police/security forces) will be present (or in the vicinity) during program activities? \_\_\_\_\_

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24. Will a first-aid kit be present at the camp or program activity location(s)?      Yes      No

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### Medicine Distribution & Storage

25. It is required that parents/guardians provide [written consent for any medication](#) (including, but not limited to, prescription medication and over-the-counter drugs such as Tylenol or Ibuprofen) to be dispensed to their children. Parents/guardians will also need to provide dosage amounts as well as the frequency of medication administration. Will the program/event staff be dispensing any medication to participants?      Yes      No

26. Who will be responsible for storing, securing, and dispensing participants' medications?

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27. If participants' medications need to be kept refrigerated, where will the medications be refrigerated with restricted access? \_\_\_\_\_

28. The CPM Sponsor understands that the CPM must retain a record that the medication distribution forms have been completed and retained for two (2) years after the end of the CPM if the program is choosing to distribute medication. Place initials here: \_\_\_\_\_

## Heat Issues

29. Will counselors be provided information on the recognition and treatment of heat stroke for strenuous outside activity?      Yes      No

30. Describe measures that will be taken to prevent heat exhaustion or heat stroke during strenuous outside activity.

31. When and how will participants be briefed on conduct/safety expectations?

32. As the Host Faculty and/or Program Sponsor of this Camus Program for Minors, I accept the responsibilities associated with hosting and I certify that I am not on development or sabbatical leave and will make every reasonable effort to perform the responsibilities of hosting and supervising the minor(s) in my care.    **Initial below:**



### Checklist for Program

Please email ([vgonzalez@wtamu.edu](mailto:vgonzalez@wtamu.edu)) any marketing material, itinerary, or supporting documents/content that you have created to be included in the CPM Application.

Will email supporting documents.

No, I don't have anything to include.

If this camp has any overnight stays or will occur for  $\leq 4$  consecutive days and have  $\leq 20$  campers attend then a [TDSHS roster form](#) will be required for your program.

Will provide a copy before camp starts.

N/A to any of our camps.

If you have an event with more than +250 campers, there will be an additional requirement for the CPM Staff to complete the [Crowd Management Training](#) (1 councilor: 250 campers) through an external page, not in Train-Traq.

Will make sure to complete and meet ratios.

N/A to any of our camps.

All camps are **required** to complete a [Hazard Risk Matrix](#) which will be forwarded to the Risk Management Office. If you have questions, please contact Richard Smith ([rcsmith@wtamu.edu](mailto:rcsmith@wtamu.edu)).

Will complete and email it ([vgonzalez@wtamu.edu](mailto:vgonzalez@wtamu.edu)).

### Session Dates:

If your program has multiple sessions on different dates with the SAME layout of activities, please make sure to add every event individually in the section below.

1. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:	Max Participant Quantity:		
Est WT Staff workers:	Est Volunteer Workers:		
Cost of Commuters:	Cost of Overnight Campers:		
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Aramark (cafeteria access)
Catering (boxed meals)	Cafeteria meals
JBK classroom or A/V	None

Will unpackaged food be served to the participants during the program/event?      Yes      No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_

2. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:	Max Participant Quantity:		
Est WT Staff workers:	Est Volunteer Workers:		
Cost of Commuters:	Cost of Overnight Campers:		
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

Will unpackaged food be served to the participants during the program/event?      Yes      No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.*

3. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:	Max Participant Quantity:		
Est WT Staff workers:	Est Volunteer Workers:		
Cost of Commuters:	Cost of Overnight Campers:		
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

Will unpackaged food be served to the participants during the program/event?      Yes      No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_



4. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:		Max Participant Quantity:	
Est WT Staff workers:		Est Volunteer Workers:	
Cost of Commuters:		Cost of Overnight Campers:	
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

Will unpackaged food be served to the participants during the program/event?    Yes    No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_

5. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:		Max Participant Quantity:	
Est WT Staff workers:		Est Volunteer Workers:	
Cost of Commuters:		Cost of Overnight Campers:	
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

6. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:		Max Participant Quantity:	
Est WT Staff workers:		Est Volunteer Workers:	
Cost of Commuters:		Cost of Overnight Campers:	
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

Will unpackaged food be served to the participants during the program/event?    Yes    No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_

7. Name of event: \_\_\_\_\_

Start Date	End Date	Start Time	End Time
Type of camp:	Day camp	Overnight camp	Both options
Est Participant Quantity:		Max Participant Quantity:	
Est WT Staff workers:		Est Volunteer Workers:	
Cost of Commuters:		Cost of Overnight Campers:	
Age Range of Campers:			
Camp is available to:	Girls only	Boys only	Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)	AC passes
Residential Living (dorms)	Cafeteria meals
Catering (boxed meals)	None
JBK classroom or A/V	

Will unpackaged food be served to the participants during the program/event?    Yes    No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_

8. Name of event: \_\_\_\_\_

Start Date                      End Date                      Start Time                      End Time

Type of camp:              Day camp                      Overnight camp                      Both options

Est Participant Quantity:                      Max Participant Quantity:

Est WT Staff workers:                      Est Volunteer Workers:

Cost of Commuters:                      Cost of Overnight Campers:

Age Range of Campers:

Camp is available to:              Girls only                      Boys only                      Both (girls & boys)

Select all services that will apply to this camp.

Gold Cards (access cards)                      AC passes

Residential Living (dorms)                      Cafeteria meals

Catering (boxed meals)                      None

JBK classroom or A/V

Will unpackaged food be served to the participants during the program/event?    Yes    No

*If yes, describe which processes are in place to ensure that food allergies are appropriately addressed and managed.* \_\_\_\_\_

**\*\*\*APPLICATION ENDS HERE\*\*\***

*The following document is for Heads of Department only.*

## Program of Minors Approval Form

Please provide your signature and the date completed in the fields that correspond to your administrative role below.

\_\_\_\_\_  
CPM Program Coordinator, signature

\_\_\_\_\_  
date

**Department Head:** I authorize the sponsorship of this program for minors through the department under my direction. I authorize the transfer of funds to pay for services, salaries and insurance at the conclusion of program.

\_\_\_\_\_  
Department Head, signature

\_\_\_\_\_  
date

**Dean or Senior Administrator:** I have reviewed the attached information and approve this request.

\_\_\_\_\_  
Dean/Senior Administrator, signature

\_\_\_\_\_  
date

**Extended Studies Director:** I have reviewed the attached information and approve this request.

\_\_\_\_\_  
Director, signature

\_\_\_\_\_  
date

**Risk Management:** I have reviewed the attached information and approved this request.

\_\_\_\_\_  
Director AREHS & Research/Compliance Officer, signature

\_\_\_\_\_  
date