

DSU SUMMER CAMP GUIDELINES

3/14/18

DSU Campus Events Office
MLK Student Center 325
302-857-7360
jnwilliams@desu.edu

IMPORTANT CONTACT NUMBERS

Campus Events Office:

- Jordin Williams
Executive Director – Wellness, Recreation & Camps Events
WRC 118
jnwilliams@desu.edu
302-857-7785 (Office)
302612-0208 (Cell)
- Tiffany Lomax
Associate Director – Wellness, Recreation & Camps Events
WRC 116
tlomax@desu.edu
302-857-3699 (Office)

Enterprise Risk Management:

Human Resources:

- Pamela Mosely Gresham Esq.
Director of Labor Relations & Diversity
Administration Building 2nd Floor
302-857-6261
pgresham@desu.edu
- Sandra Golson
Assistant to the Vice President
Administration Building 2nd Floor
302-857-6261
sgolson@desu.edu

Aramark Catering:

- Kristen Kimes
Associate Director of Food & Catering Services
MLK Student Center 325
Kimes-Kristen@aramark.com

REGISTRATION (*Appendix A*)

- In order to host a summer camp, the camp organizer must complete and submit a Camp Registration Form to the Campus Events Office (MLK 325)

INSURANCE COVERAGE

- DSU Camps
 - Camps that are hosted by DSU Departments do not need to submit a Certificate of Insurance for their camps
- External Camps
 - Camps that are hosted by external groups (not affiliated with DSU) must submit a Certificate of Insurance (COI) at least 30 days prior to the start of each camp
 - The limits for the COI will be stated in the camp contract

PARTICIPANT WAIVERS (*Appendix B*)

- Participant type:
 - Adult Participants
 - Each camp participant must complete and sign a DSU Waiver Form
 - Minor Participants
 - Each minor child who participates in the camp must have a DSU Waiver Form completed and signed by their parent or legal guardian
- Submission:
 - The camp organizer is responsible to submit the following to the Campus Events Office:
 - List of all camp participants (including age if minor)
 - Completed waivers
- NOTE: Each waiver must be signed and submitted prior to any participant (regardless of age) participating in any activity with the camp. NO EXCEPTIONS will be made!

BACKGROUND CHECKS

- Each camp supervisor that is working directing with minors in the camp must complete the following background checks 30 DAYS PRIOR to the start date of the camp in order to be approved as a host. The cost of each check is listed below and must be covered by the Department hosting the camp.
 - DSCFY Background Request Form (Cost = \$0) – *see Appendix C*
 - Must be completed each year for all camp supervisors
 - Camp organizer is expected to collect forms, ensure accurate completion of forms, and hand deliver forms to Sandra Golson in Human Resources (Admin 2nd Floor)
 - *NOTE: forms are not to be electronically delivered*
 - Federal Criminal Background Check (Cost = \$69) – *see Appendix D*
 - This check must be completed every five (5) years for all camp supervisors
 - DSU employees who have been hired within five (5) years from the start date of your camp do not need to complete this check
 - Results should be sent to Sandra Golson, Human Resources
 - Verification of completion must be submitted to Campus Events Office, located at MLK Student Center 325
 - Verification must come from vendor utilized for background checks and must include staff member name that was processed along with date of process.

SUPERVISION OF MINORS

- Any participant who is a minor (under the age of 18) must be supervised AT ALL TIMES while participating in the designated camp.
 - Each camp organizer must ensure that there is enough staff present to adequately provide this level of supervision. If enough supervision is not designated in ratio to the number of participants, the camp will not be approved to take place – no exceptions will be made to this policy.
- Be sure to eliminate any one-on-one time between staff and minor participant – this is critical for the safety of the participant and our staff/volunteers!

Appendix A

Camp Registration Form

Delaware State University Camp Registration Form

Camp Information:

Name of Camp: _____ # of Participants: _____

Start Date: _____ End Date: _____ Time(s): _____

Space Utilized for Camp: _____

Does the Camp Require the following: Overnight Housing? Yes / No Food/Catering? Yes / No

Host Information:

Department/Organization Hosting Camp: _____

Camp Organizer Name: _____ Position w/in Dept/Org: _____

Camp Organizer Email: _____ Camp Organizer Phone: _____

Camp Staff Information:

Please list the names & contact information for all of the staff that will be working the camp:

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

Name: _____ Email: _____ Phone: _____ DSU Student/Staff? Yes / No

By signing below I, the camp organizer, am acknowledging that I have been provided with a DSU Summer Camp Guidelines Booklet that includes all policies and procedures related to camp registration, insurance, participant waivers, supervisor background checks, and camp supervision requirements. I understand that if all requirements are not fulfilled, the proposed camp will not be approved to take place.

Print Name

Signature

Date

Appendix B

Waiver/Release Agreement



Delaware State University Waiver/Release Agreement

I _____ (Name of Participant) in consideration of being permitted to participate and/or receive instruction in the _____ (Name of "Camp" or "Activity"), hereby voluntarily release Delaware State University from any and all liability resulting from or arising out of my participation and/or receipt of instruction in the activity.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agents, and employees of those entities.

I understand and agree that this Waiver/Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation and/or receipt of instruction in the Activity, except for the acts or omissions of Delaware State University, its officers, directors agents or employees which are found to be negligent by a court of competent jurisdiction.

I understand and agree that this Waiver/Release applies to personal injury, property damage, or wrongful death which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Waiver/Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating and/or receiving instruction in the Activity.

I understand and agree that this Waiver/Release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children and any guardian ad litem for said children.

I understand and agree that by signing this Waiver/Release, I am agreeing to release, indemnify and hold Delaware State University, its officers, agent's employees or Board of Trustees harmless from any and all liability or costs, including attorney's fees, associated with or arising from my participation and/or receipt of instruction in the Activity.

I understand and agree that if I am signing this Waiver/Release on behalf of my minor child, that I will be giving up the same rights for said minor as I would be giving up if I signed this document of my own behalf.

I acknowledge that I have read this Waiver/Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers incidental to participating and/or receiving instruction in the Activity.

Dated: _____, 20____ Print Name: _____

Sign Name: _____

Parent/Guardian Release:

I am the parent or legal guardian of the minor _____, and I am signing this Waiver/Release on behalf of said minor.

Print name of Parent: _____

Signature of Parent: _____

Date: _____

Appendix C

DSCFY Background Request Form

**Name/DOB Search
DELJIS/CPR**



State of Delaware
The Department of Services
For Children, Youth and
Their Families

**YOUTH CAMP
CONVICTION HISTORY RECORD AND
CHILD ABUSE AND NEGLECT BACKGROUND CHECK REQUEST FORM**

* To be completed by prospective employees and volunteers 18 years and older

PART I. APPLICANT INFORMATION (please print clearly)

Name: _____ Date of Birth: ____ - ____ - ____ Sex: M F
Last First Middle m m d d y y y y

Ethnicity: _____ Race: _____ Alias/Other Name(s): _____

Social Security Number: _____ Drivers License # or ID # _____ State: _____

Address: _____
(Street)(P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: _____ Telephone Number: (____) _____ - _____

Are you on the Delaware child protection registry for any substantiated cases of child abuse/neglect? Yes No

If yes, explain _____

Have you ever been convicted or adjudicated delinquent of a crime? Yes No If yes, explain _____

I hereby consent to the release of any Delaware criminal conviction concerning me by the Delaware Justice Information System (DELJIS) to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF) and the below named employer. I also consent to the release of information concerning me from DSCYF records to DELJIS and the below named employer. I understand that my failure to disclose any information involving criminal convictions/adjudications or substantiated cases of child abuse or neglect against me may be grounds for immediate termination. I also understand that information acquired through this process will be used to evaluate my eligibility for employment at a child-serving entity. I further release the Delaware DSCYF, DELJIS and all their officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

Signature: _____ Date: _____

This background check is authorized under 31 Delaware Code, Section 309. Information obtained through this process will be used to search the criminal conviction records of the Delaware SBI. This background check also includes a search of the Delaware child protection registry.

PART II. EMPLOYER INFORMATION - Request required for: (Check only one)

Owner/Operator Employee Volunteer Other (specify) _____

Name of Youth Camp: Delaware State University ID #: 1803

Address: 1200 North DuPont Highway, Dover, DE 19901
(Street) (City) (State) (Zip)

Telephone #: 302-857-6261 FAX #: 302-857-6264 Contact Person: Sandra Golson

DELJIS USE ONLY

ELIGIBLE PROHIBITED Date: ____/____/____ Signature: _____

DSCYF USE ONLY

ELIGIBLE PROHIBITED Date: ____/____/____ Signature: _____

Appendix D

Federal Criminal Background Check Process

OBTAINING A CERTIFIED DELAWARE CRIMINAL HISTORY

For those interested in obtaining their certified Delaware criminal history you can contact the Delaware State Police by using one of the three options listed below.

Kent County

Located at 655 South Bay Road, Dover, DE 19901.

The building is located in the Blue Hen Mall and Corporate Center, Suite 1B. The Dover location will be the only location available for all services every weekday and does not require an appointment.

Hours of operation are:

- Mondays, 8:30 a.m. to 6:30 p.m.
- Tuesday through Friday, 8:30 a.m. to 3:30 p.m.
- **No appointments are necessary** as we are a walk in facility.
- Call 302-739-5871 for information and directions.
- Holiday Closing Schedule

Sussex County

Provide fingerprinting services at Troop 4, in Georgetown, on the corner of Shortly Road and Route 113, across from Motor Vehicle.

Hours of operation are:

- Every other Wednesday, from Noon to 6:30 p.m.
- **by appointment only**
- Call (302) 739-2528 for information
- Holiday Closing Schedule

New Castle County

The office is located in Troop 2, on Rt 40, in Bear, just west of the Fox Run Shopping Center, between Rt. 72, and Rt. 896.

Procedure to request services / making an appointment:

Please advise everyone that requires the services of **SBI / North** to utilize the following procedures:

1. Call and schedule an appointment utilizing one of the Appointment Help Line contact numbers listed below:
1-800-464-4357 or **302-739-2528**
2. Arrive at **SBI / North (Troop 2)** and report in with the receptionist **No Later Than** the time set by the appointment desk.
3. The results of the completed Background/Criminal History check will not be returned the same day, but will be forwarded to the recipient as soon as operationally possible.

The hours of operation are:

- Mon, Wed, Thurs, and Fri, 8:30 a.m. to 3:15 p.m., closed for lunch from 12 to 12:30.
- Tuesday, 11:30 a.m. to 6:15 p.m., closed for lunch from 4:00 to 4:30
- Holiday Closing Schedule

For a State of Delaware Background Check, the current fee is \$52.50. For both a State and Federal Background Check, the current fee is \$69.00 (Depending on what purpose you are being printed for, you may need a Federal background check as well.) You may use cash, credit or debit cards, bank checks, money orders, or company checks made out to Delaware State Police. We do not accept personal checks.

A Criminal History Background Check is obtained through fingerprints. You will need to bring a photo Identification. A Driver's License, School ID, or State ID would be sufficient. It is not required to be a Delaware License. You do not need to bring a social security card or a birth certificate.

If you need further information please call 302-739-5871.