

Event Program Plan

Describe in detail your approach to handle each of the items below as it pertains to your request event. This plan must be be reviewed by the department head and signed off for approval.

Name of Program/Event/Conference:		
County:	Event Organizer Name:	
Proposed Dates:	Location:	
Expected Attendance:	Participant Age Group:	
Program Description:		
Program Purpose/Desired Outcomes:		
Estimated Costs:		
Funding Sources:		
Tentative Agenda:		
Requirements for Participation:		

- Enrollment/RegistrationParticipation Agreement
- Sample promotional materials
- Social media advertising/communication plan

Health and Safety Plan:

- Medical Release/Permission for Treatment
- Participant information regarding special medical considerations/activity restriction
- Consent form allowing staff to dispense medication
- No over-the-counter medications may be given without written permission
- Measures to protect privacy
- Follow up to ensure that restrictions are applied/preventative measures taken
- Prescription medications in original container
- Parental Permission Agreement
- Hold Harmless/Informed Consent
- Media Release Form
- Parent/Guardian Consent Form/Emergency Contact Information
- Treatment procedures including incident report form and health log
- Adequate supervision for youth according to policy
- First response-Inclement weather/emergency plan
- Missing or Runaway participant procedures
- Incident Report

Conduct Expectations/Consequences:

- 4-H Code of Conduct
- Policy regarding alcohol, tobacco, drugs, fireworks, guns, etc.
- Rules about when participants may leave during the program
- No toleration for violence
- No toleration for sexual harassment, sexual abuse, and other sexually inappropriate conduct
- No toleration for hazing and bullying (physical, verbal or cyber-bullying)
- No toleration for misuse or damage of University property

•	Prohibition against cameras and other digital recording devices in showers, restrooms, locker		
	rooms, and other areas where privacy is expected		
•	Cell Phone use		
Housir	g Specifics:		
•	In-room visitation for participants and non-participants		
•	• Curfew		
•	Lights out		
•	Plan for adults and minors using shared restrooms (if applicable)		
•	Access plan		
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	Event Staff/Volunteers:		
•	out of control process		
	Background checks Agreement Agreement Agreement Agreement		
•	Approved, enrolled volunteers/Volunteer Appointment Agreement Stoff training (responsibilities, own attations, agreement training, cofety (convity, continues))		
•	Staff training (responsibilities, expectations, emergency training, safety/security cautions) Project of Parts there of Miners Policy (if applicable)		
•	Review of Protection of Minors Policy (if applicable)		
•	Initial orientation program for participants		
Drogra	mming Risks:		
Flugia •	Transportation plan and guidelines for staff a	nd volunteers	
•	High risk scheduled activities		
	At-risk populations		
	At-risk populations		
Depart	mental Specific Plan Requirements		
•	TBD		
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	(to be completed by dengrtmen	t head if program is approved	
(to be completed by department head if program is approved)			
Signatur	re of Department Head	Department Head Name	
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Event is approved pending the following plan alterations/additions:			
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