

	Name	Current Resident Address City, State, Zip	Employee	Volunteer	Student	Other Status	Wisconsin Caregiver BC* for UPP 4-26 in past 4 yrs Working with Minors		Comments
							Please mark appropriate status box		
							Yes	No	
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Instructions

Note: This form should accompany the Report Form for Events involving minors Part 1 in compliance with UPP 4-26.

This form may also be used to update and communicate additional persons who may be identified for inclusion as part of the event after the initial list has been submitted.

This form should be used to identify persons involved in the event(s) when the event is recurring after the initial submission and at least annually for ongoing programs.

Other Status Box: Please use this space to identify individuals who maybe employed as advisors or coaches paid by student organizations or others or adjunct faculty that may not have a current teaching assignment.

Name of Person submitting this form and contact number: _____

Department/Unit: _____ *Event/Program:* _____

Date submitted: _____

Submit to Office of Risk Management

* Note:

BC = Wis. Caregiver Background Check