<table>
<thead>
<tr>
<th>Name</th>
<th>Current Resident Address</th>
<th>Employee</th>
<th>Volunteer</th>
<th>Student</th>
<th>Other Status</th>
<th>Wisconsin Caregiver BC* for UPP 4-26 in past 4 yrs</th>
<th>Working with Minors</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**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 may be 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  
4/09