



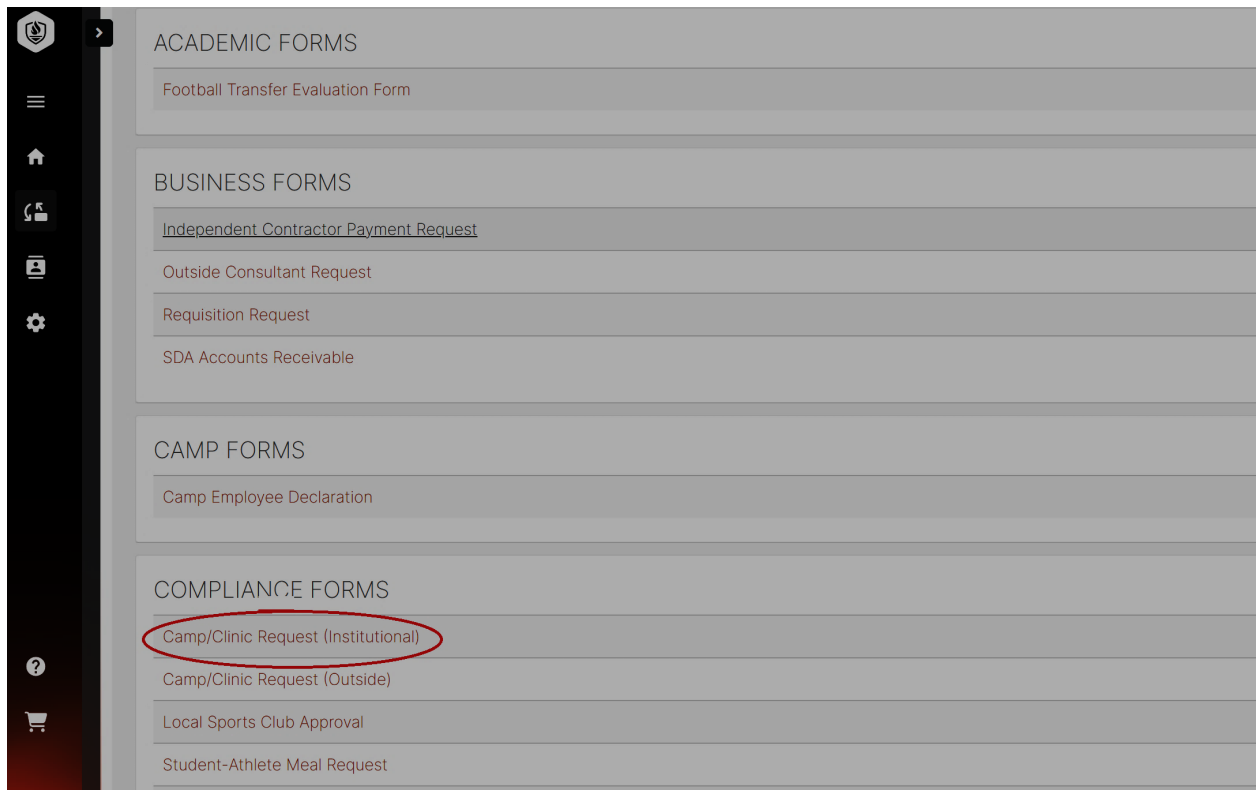
SUN DEVIL
ATHLETICS

Camp/Clinic Request Institutional Manual



SUN DEVIL
ATHLETICS

1. In the ARMS Workflow Launchpad, under “Compliance Forms”, select the workflow “Camp/Clinic Request (institutional)” to begin the camp information section of the form.



Workflow Step 1:

Submit Camp Information:

Camp Information	
Sport:	<input type="text" value=""/>
	THIS VALUE IS REQUIRED.
Name of Camp:	<input type="text" value=""/>
	THIS VALUE IS REQUIRED.
Camp Director:	<input type="text" value=""/> <input type="button" value="Q"/>
	THIS VALUE IS REQUIRED.
Sport Administrator:	<input type="text" value=""/> <input type="button" value="Q"/>
	THIS VALUE IS REQUIRED.
Coach's Full LLC Name:	<input type="text" value=""/>
Designated Signee:	<input type="text" value=""/> <input type="button" value="Q"/>
	THIS VALUE IS REQUIRED.
Camp/LLC Email Address:	<input type="text" value=""/>
	THIS VALUE IS REQUIRED. Example: someone@company.com.
This email must not be an ASU email address and should be affiliated with the camp or LLC.	
Camp Type:	<input type="text" value=""/> <input type="text" value="Day Camp"/> <input type="text" value="Overnight Camp"/>
Start Date:	<input type="text" value="mm/dd/yyyy"/>
	THIS VALUE IS REQUIRED.

End Date:

mm/dd/yyyy

THIS VALUE IS REQUIRED.

Attendee Grade Levels:

THIS VALUE IS REQUIRED.

Camp Registration Fee:

THIS VALUE IS REQUIRED.

Projected Number of Participants:

THIS VALUE IS REQUIRED.

Please use the [Payment Ledger](#) to report all registrants. You will be required to attach the completed report post-camp.

Will this camp require overnight accommodations?

How will you solicit participants (e.g., website, brochure, advertisement, social media, etc.)?

THIS VALUE IS REQUIRED.

Copy of Advertisement:

[Click here to select a file.](#)

THIS VALUE IS REQUIRED.

Will free or reduced admission be offered?

THIS VALUE IS REQUIRED.

Please use the following templates to report any free/reduced admissions and/or refunds. You will be required to attach the completed report post-camp.

- [Free or Reduced Admissions Report](#)
- [Registrant Refunds Report](#)

Will any awards or prizes be offered?

THIS VALUE IS REQUIRED.

Will the camp/clinic be established, sponsored, or conducted by an individual or organization that provides recruiting or scouting services concerning prospective student-athlete?

THIS VALUE IS REQUIRED.

- a. Sport
- b. Official name of camp
- c. Camp Director
- d. Sport Administrator
- e. Coach's full LLC name-for the contract
- f. Designated Signee- If different from camp director, for signing contract on behalf of LLC
- g. Camp email address- should not be an ASU email and will be used for communication
- h. Camp type- day camp or overnight camp
- i. Start and end dates
- j. Attendee grade levels
- k. Registration fee
- l. Estimated number of participants-all registrants will be recorded in the "payment ledger" document found in this section. This ledger will be uploaded to ARMS post-camp in step 10.
- m. If overnight accommodations are necessary- if yes, have you contacted University Housing
- n. How will participants be solicited-website, social media, or brochures - for compliance approval
- o. Upload a copy of the above advertisement-for compliance approval
- p. If any free or reduced registrations will be offered-for compliance



Camp/Clinic Free or Reduced Admission

Sport: _____ Camp Dates: _____

Name of Camp: _____

- 1 It is permissible to have a policy that permits free admission to the children of athletics department staff members to attend the institutions camps or clinics.
- 2 It is permissible to provide free admission for the children of a coach who is an instructor in the camp (who is not an athletics department staff member), provided the opportunity is available to children of all coaches instructing in the camp.
- 3 It is permissible to offer group discounts to coaches and athletes provided those discounts are available on an equal basis with documented standards to all who wish to take advantage of them. Coaches cannot receive payment for bringing a group to camp.

Normal Cost of Camp: _____

	Camper's/Group Name	Amount Charged	Reason for Discount
1			
2			
3			
4			

- i. If any free/reduced admission is offered, it must be uploaded using the "Free or Reduced Admissions Report" form. This report will be uploaded to ARMS post-camp in step 10.



Camp/Clinic Refunds

Sport: _____ Date of Camp: _____

Name of Camp: _____

	Name of Camper	Amount Paid	Amount of Refund	Date of Refund	Check One Cash	Check Check	Reason for Refund
1							
2							
3							
4							

- ii. If there are any refunds issues, a report using the “Registrants Refunds Report” form must be filled out. This report will be uploaded to ARMS post-camp in step 10.
- q. If there are any prizes or giveaways-for compliance approval
- r. If the camp/clinic be established, sponsored, or conducted by an individual or organization that provides recruiting or scouting services concerning prospective student-athlete – for compliance approval

Submit Intellectual Property:

Intellectual Property

Do you plan to use ASU intellectual property (trademarks, wordmarks, etc.) in association with this camp/clinic? Note: There will be a fee associated with licensing this intellectual property.

THIS VALUE IS REQUIRED.

- s. If the camp is going to use ASU’s intellectual property, such as the Pitchfork and Sun Devils – these requests must go through Becky Parke for approval, and the signed agreement will be uploaded in step 8.

NOTE: Licensing fee is \$100 and the contract is valid for two (2) years, as long as all requirements are adhered to each time the marks are used. If you have any questions, please email Lisa Young lisa.young@asu.edu.

Submit Facility Information:

Facilities

Will any SDA facilities be used?

Per Arizona laws, it is impermissible for a staff member of a state institution to make a profit by using any of its facilities for free. Therefore, when a staff member wishes to use a facility to conduct a camp or a clinic, he/she must have prior approval and be charged the set rate for the facility usage as well as any other expenses incurred for camps (i.e., parking, clean-up, and facility coordinator fees). In addition, personal insurance is required for any of these services and must be submitted no later than with the completed contract.

Facilities Requested:

THIS VALUE IS REQUIRED.

Date(s) and Time(s) Needed (must be included or your request will not be approved):

THIS VALUE IS REQUIRED.

Will any non-SDA facilities be used?

Signature

By signing this, I agree that I will conduct the camp or clinic in accordance with NCAA, Pac-12, and ASU rules and regulation and will pay all charges. I will keep documentation on file for each. I understand that the income earned must be reported on the Outside Income Form that is distributed each year.

Electronic Signature:

THIS VALUE IS REQUIRED.

Date of Signature:

THIS VALUE IS REQUIRED.

- t. If any SDA facilities will be used-for AOF approval
- u. Which facilities are being requested- for AOF approval

- v. What dates and times-for AOF approval
 - i. Please include any load-in and load-out dates/times in your request
 - ii. Shared spaces (Weatherup, fields, the Dome, etc) will require more time to approve and are not guaranteed. Facility availability will be contingent upon SDA athletic competitions, practices, and SDA contracted events.
- w. If any non-SDA facilities are being used- for Compliance approval

2. The Compliance Office will then review the initial request.

- a. If there are necessary revisions, the Compliance Office will reject the form back to the initial submission with comments to make corrections.
 - i. Camp submissions must meet NCAA specifications:
 - 1. Dates cannot fall during an NCAA dead period for that sport;
 - 2. Advertised as “open to any and all entrants (limited only by number, age, grade level and/or gender)” and;
 - 3. Publicly advertised (e.g., camp brochure, website, newspaper, or magazine advertisement) at least 14 calendar days before the first date of the camp.

3. The request will be sent to the AOF facility scheduler for review to determine facility availability for the selected dates and times.

- a. If the dates and times are available, the workflow will be approved to the next step.
- b. If the facility is unavailable, the scheduler can reject the request with comments, or approve it with notes to shift the request to an available facility. (different time, date, location) Review comments in ARMS for additional information.
- c. Greg Werner for Mona Plummer Aquatic Complex or James Vujs for Phoenix Municipal Stadium. Krystina Mallon for all other facilities.

4. The request returns to the initial requester/camp director to fill out more camp information.

Workflow Step 5:

Submit Follow-Up Questions:

Facilities Follow-Up Questions

We have reviewed your camp/clinic request. Below are questions that must be filled out to complete the agreement. We would appreciate as much information as you can provide.

Is the listed start time:

The arrival time of your camp staff
The time the camp is expected to begin

If you are using a field, will the field lights need to be turned on? If so, what time?

THIS VALUE IS REQUIRED.

What is your overall expected attendance of the camp? How many will be participants?

THIS VALUE IS REQUIRED.

Are you expecting any spectators (e.g., parents)?

THIS VALUE IS REQUIRED.

Where do you anticipate the spectators will be located during the camp (e.g., stadium seating)?

THIS VALUE IS REQUIRED.

Will you be providing any supplies (e.g., tables, chairs, tents)?

THIS VALUE IS REQUIRED.

Will you need any additional supplies (e.g., tables, chairs, barricades) to be ordered by SDA?

THIS VALUE IS REQUIRED.

Will you have any sport-specific needs (e.g., nets, scoreboard, sound system, goals)?

THIS VALUE IS REQUIRED.

Do you need field lines?

THIS VALUE IS REQUIRED.

Will any equipment need to be moved between facilities?

THIS VALUE IS REQUIRED.

Will you be providing lunch in an SDA facility?

THIS VALUE IS REQUIRED.

Will you need any additional waste receptacles? (Just a reminder that ASU is a zero-waste campus.)

THIS VALUE IS REQUIRED.

Which restrooms will you be using in each facility?

THIS VALUE IS REQUIRED.

Which rooms will need to be accessed (if applicable)?

THIS VALUE IS REQUIRED.

Will you be using any ASU/SDA golf carts during your camp?

THIS VALUE IS REQUIRED.

Additional comments:

Electronic Signature:

THIS VALUE IS REQUIRED.

Date of Signature:

THIS VALUE IS REQUIRED.

- a. This is where camp directors fill out the facility-specific requests such as chairs, tables, or sport-specific items.
- b. The more information you can provide, the better. We base our cost estimates off of this information. If the scheduler or facility coordinator has any questions or concerns, they will be in contact for clarification. If you have any questions or uber-specific requests, please don't hesitate to reach out.
- c. The requestor/camp director will then submit their answers for review.
- d. Answering "yes" to the yes/no questions will require you to elaborate or answer additional questions

5. The requester/camp director can immediately begin entering in camp employee information in section 6.

Workflow Step 6:

Submit Camp Employment Information:

Camp/Clinic Employment Information

Please use the [Camp Employment Template](#) to report all anticipated camp/clinic employees. This report must be attached below (if you use more than one page, please scan all pages as a single PDF). You will be required to attach a final report post-camp.

Upload Camp/Clinic Employment Template Here: [Click here to select a file.](#) THIS VALUE IS REQUIRED.

Will any student-athletes be employed at the camp/clinic?

Please use the [Student-Athlete Camp/Clinic Employment Template](#) to report all student-athletes that you anticipate will be employed at the camp/clinic. This report must be attached below (if you use more than one page, please scan all pages as a single PDF). You will be required to attach the completed report post-camp.

Upload Student-Athlete Camp/Clinic Employment Template Here: [Click here to select a file.](#) THIS VALUE IS REQUIRED.

Will any student-athletes receive different rates of pay?

Please have each employed student-athlete complete the [Student-Athlete Time Sheet](#) for each day of their employment. You will be required to submit them post-camp.

Electronic Signature:

THIS VALUE IS REQUIRED.

Date of Signature:

THIS VALUE IS REQUIRED.

- a. A comprehensive list of camp employees must be uploaded, including any current student athletes. This form “Camp Employment Template” can be found in the instructions for section 6.



Camp/Clinic Employment

Sport: _____ Date of Camp: _____

Name of Camp: _____

Will transportation, food, or lodging expenses be provided or reimbursed for any camp employees? _____
If YES, please include a notation and the value associated with this benefit in the compensation column.

Please list ALL camp employees, including volunteers. Complete the table below for approval.

	Name	Current Position (HS coach, Student-Athlete, etc.)	Pay Rate	Job Description	Total Compensation
1					
2					
3					
4					
5					

- b. All employees must be listed, along with their pay rate and job description. Non-student-athletes must have their current position entered (club coach, ASU assistant coach, trainer, graduate assistants, volunteers, etc.)



Camp/Clinic Student-Athlete Employment

This form must be completed by the Camp Director and submitted to the Compliance Office for approval.

Sport: _____ Date of Camp: _____

Name of Camp: _____

NCAA Bylaw 13.12.2.1 - A student-athlete who is employed in any sports camp or clinic must meet the following requirements:

- (a) The student-athlete must perform duties that are of a general supervisory character in addition to any coaching or officiating assignments.
- (b) Compensation provided to the student-athlete shall be commensurate with the going rate for camp/clinic counselors of like teaching ability & camp/clinic experience & may not be paid on the basis of the value that the student-athlete may have for the employer because of the athletics reputation or fame the student-athlete has achieved. It is not permissible to establish varying levels of compensation for a student-athlete employed in a sports camp/clinic based on the level of athletics skills.
- (c) A student-athlete who only lectures or demonstrates at a camp/clinic may not receive compensation for his/her appearance at the camp/clinic.

Please list ALL student-athlete employees, including volunteers:

	Name	Pay Rate	Job description
1			
2			
3			

- c. If student-athletes are employed by the camp, they must be entered on a separate form, "Student-Athlete Camp/Clinic Employment Template" and uploaded separately in this section.
- d. This list is what the AOF department will use to approve camp employee declarations later on. AOF will verify the submitted camp employee declarations to the approved employee lists submitted in step 6.



Camp/Clinic Student-Athlete Time Sheet

Sport: _____ Date of Camp: _____

Name of Camp: _____

Student-Athlete Name: _____ Title: _____

ASU ID Number: _____ Hourly Pay Rate: _____

DATE WORKED	START TIME	END TIME	HOURS WORKED PER DAY

- e. Camp directors will have to record the time work for student-athletes working the camps. This complete form will be uploaded in step 10 with post-camp documentation. A separate form will be filled out for every student-athlete working at the camp.
 - f. Employees that are not listed on the camp employee forms and have not submitted employee declarations will not be permitted to work. All employees that work in the camp must have **both** forms submitted.
 - g. If an employee is not listed on this compliance form, their employee declaration will be rejected and therefore not permitted to work the camp.
- 6. The Compliance Office will then review the employee list to ensure all listed individuals are allowed to work on the camp, from a compliance standpoint.**
- a. While this happens, camp directors are to begin submitting “Camp Employee Declaration” forms. These forms serve as an individual approval system for each camp employee.
 - b. Camp employee declarations can be submitted and approved at any time, but we recommend starting **6 weeks** prior to the start of camp.
 - c. Each employee must have fingerprints that have been cleared within three (3) years of the camp dates, and must have completed Minors on Campus training within one (1) year of camp dates. For additional information, please reference ASU’s Minors on Campus policy. <https://cfo.asu.edu/minors-campus>
 - d. **See page 18 for further instructions.**
- 7. Once the Compliance Office has approved the camp employees, AOF will begin reviewing the Camp Employee Declaration Forms.**
- 8. In the Additional Camp Documentation section, you are acknowledging that each employee must have an approved Camp Employee Declaration form before they can work the camp.**

Workflow Step 8:

Submit Additional Camp Documentation:

Additional Camp Documentation

Per the Camp Facility Use Agreement - Camp operators are required to conduct fingerprinting of all employees, agents, independent contractors, volunteers, representatives, or other individuals acting on Operator's behalf or performing services for Operator in connection with the camp. More information can be found at <https://cfo.asu.edu/minors-campus>.

I agree to upload all of the fingerprint clearances for all camp employees using the Camp Employee Declaration Form. I understand that employees that do not have an approved Camp Employee Declaration Form are not allowed to work at the camp.

THIS VALUE IS REQUIRED.

Minors on Campus Training - Camp employees, agents, independent contractors, volunteers, representatives are required to take training related to minors and the required reporting obligations in the instances of known or suspected child abuse or neglect of minors.

The training can be completed on Career Edge [HERE](#).

I agree to upload all of the Minors on Campus training certificates for all camp employees using the Camp Employee Declaration Form. I understand that employees that do not have an approved Camp Employee Declaration Form are not allowed to work at the camp.

THIS VALUE IS REQUIRED.

Branding Licensing - Contact Becky Parke to complete the Brand Licensing Agreement. The agreement must be completed every two years.

Please upload the current and valid branding and licensing agreement.

[Click here to select a file.](#)

THIS VALUE IS REQUIRED.

- 9. The request is sent back to the AOF scheduler to verify that the facility is still available for the listed dates and times.**
 - a. If approved, the camp is ready to go. No more paperwork needs to be done until after the camp has been completed.
 - b. If rejected, the AOF scheduler and camp director must discuss alternatives to dates and times before the camp can begin.
- 10. After the camp is over, the camp director must submit the following information to the Compliance Office within 30 days:**

Workflow Step 10:

Submit Post-Camp Documentation:

Post-Camp Documentation	
Did this camp occur?	<input type="text" value="Yes"/>
Please attach the following (if you use more than one page, please scan all pages as a single PDF):	
Final Employment Report:	<input type="text" value="Click here to select a file."/> THIS VALUE IS REQUIRED.
Camp Employment Template	
Payment Ledger:	<input type="text" value="Click here to select a file."/> THIS VALUE IS REQUIRED.
Payment Ledger	
Financial Summary Sheet:	<input type="text" value="Click here to select a file."/> THIS VALUE IS REQUIRED.

- a. Free or Reduced Admission List
- b. Refund Ledger
- c. Camp/Clinic Employment with total compensation
- d. Financial Summary- This includes the employees that worked, how much money each employee made, and if there were any refunds or reduced admissions given. (usually given to ASU staff families)
- e. Did the camp occur- If no, the form is complete. If yes, the questions continue.
- f. Final employment template- Upload the finalized forms used in step 6 for all employees



Camp/Clinic Payments

Sport: _____

Date of Camp: _____ Total # of Campers _____

Name of Camp: _____

	Name of Camper	Grade	Amount Paid	Check One			Name & Relationship of Payee
				Cash	Check	Credit Card	
1							
2							
3							
4							
5							

- g.** Payment ledger- upload a financial summary of all registrants including a list of the participants and their enrollment information
- h.** Financial summary- upload a detailed ledger describing the compensation that all camp employees earned. The employees listed should match the camp employee compliance form uploaded in steps 6 and 10.

Were free or reduced admissions given?

Yes

Free or Reduced Admissions Report:

[Click here to select a file.](#)

THIS VALUE IS REQUIRED.



Camp/Clinic Free or Reduced Admission

Sport: _____ Camp Dates: _____

Name of Camp: _____

- 1 It is permissible to have a policy that permits free admission to the children of athletics department staff members to attend the institutions camps or clinics.
- 2 It is permissible to provide free admission for the children of a coach who is an instructor in the camp (who is not an athletics department staff member), provided the opportunity is available to children of all coaches instructing in the camp.
- 3 It is permissible to offer group discounts to coaches and athletes provided those discounts are available on an equal basis with documented standards to all who wish to take advantage of them. Coaches cannot receive payment for bringing a group to camp.

Normal Cost of Camp: _____

	Camper's/Group Name	Amount Charged	Reason for Discount
1			
2			
3			
4			

- i. Were any free or reduced admissions offered? -if yes, then a “Free or Reduced Admissions Report” form stating the reason and amount must be filled out and uploaded in this step.

Were any refunds issued? Yes

Registrant Refunds Report: Click here to select a file. THIS VALUE IS REQUIRED.



Camp/Clinic Refunds

Sport: _____ Date of Camp: _____

Name of Camp: _____

	Name of Camper	Amount Paid	Amount of Refund	Date of Refund	Check One Cash Check	Reason for Refund
1						
2						
3						
4						

- j. Were any refunds issued? -if any refunds were given, a “Registrants Refunds Report” form stating the reason and amount must be filled out and uploaded in this step.

Were student-athlete employed at the camp?

Final Student-Athlete Employment Report: THIS VALUE IS REQUIRED.

[Student-Athlete Employment Report](#)

All Student-Athlete Time Sheets: THIS VALUE IS REQUIRED.

[Student-Athlete Time Sheet](#)



**Camp/Clinic
Student-Athlete Time Sheet**

Sport: _____ Date of Camp: _____

Name of Camp: _____

Student-Athlete Name: _____ Title: _____

ASU ID Number: _____ Hourly Pay Rate: _____

DATE WORKED	START TIME	END TIME	HOURS WORKED PER DAY

- k. Were student-athletes employed at the camp? – If yes, the completed forms from step 6 must be uploaded here. A completed “Student-Athlete Time Sheet” must also be uploaded in this step. A separate form will be filled out for every student-athlete working at the camp.

Electronic Signature: THIS VALUE IS REQUIRED.

Date of Signature: THIS VALUE IS REQUIRED.

11. The last step is the Compliance Office reviewing the information entered in step 10 (the previous step) and verifying that the individuals that were paid were the ones listed on the compliance form in step 6.

If you have any questions regarding Compliance, please email Mel Aptaker at melanie.aptaker@asu.edu.

If you have any questions regarding intellectual property, please email Lisa Young at Lisa.Young@asu.edu.

If you have any other questions regarding this process, please email the respective AOF facility contact.

Camp Employee Declaration Information:

The screenshot displays a list of form categories and their respective items:

- ARMS SUPPORT**
 - ARMS - Custom Email Theme Request
- ACADEMIC FORMS**
 - Football Transfer Evaluation Form
- BUSINESS FORMS**
 - Independent Contractor Payment Request
 - Outside Consultant Request
 - Requisition Request
 - SDA Accounts Receivable
- CAMP FORMS**
 - Camp Employee Declaration (circled in red)
- COMPLIANCE FORMS**
 - Camp/Clinic Request (Institutional)
 - Camp/Clinic Request (Outside)

- a. Camp employee declarations can be submitted and approved at any time, but we recommend starting **6 weeks** prior to the start of camp.
- b. Each employee must have fingerprints that have been cleared within three (3) years of the camp dates, and must have completed Minors on Campus training within one (1) year of camp dates. For additional information, please reference ASU's Minors on Campus policy. <https://cfo.asu.edu/minors-campus>

12. While this happens, camp directors are encouraged to begin submitting "Camp Employee Declaration" forms.

- a. These forms serve as an individual approval system for each camp employee. In each submission, you select the sport, enter in the fingerprint clearance and minors on campus expiration dates. You will also upload an image for both the fingerprinting clearance card and the minors on campus training.
 - i. Submission must be PDF or JPEG and include name of individual and date of completion

CAMP EMPLOYEE DECLARATION

Camp Employee Name:

THIS VALUE IS REQUIRED.

Affiliated Sport:

THIS VALUE IS REQUIRED.

Fingerprinting Expiration Date:

THIS VALUE IS REQUIRED.

Fingerprint clearances expire three (3) years from the issuance date on the clearance card or three (3) years from the date of the email.

Per ASU's Minors On Campus Safety training policy, fingerprints must be redone every three (3) years, regardless of the expiration date on the clearance card.

All images must clearly show the name of the individual and the date of clearance.

Upload Fingerprint Clearance:

[Click here to select a file.](#)

THIS VALUE IS REQUIRED.

Minors On Campus Training Expiration Date:

THIS VALUE IS REQUIRED.

Per ASU's Minors On Campus Safety training policy, training must be redone every year and must be valid through the last day of camp.

All images must clearly show the individual's name, the date of completion, and the score.

Every image is subject to evaluation to determine the education on minor safety training, and can be rejected if the content does not meet ASU's standards.

Upload Minors on Campus Training Certificate:

[Click here to select a file.](#)

THIS VALUE IS REQUIRED.

Electronic Signature:

THIS VALUE IS REQUIRED.

Date of Signature:

THIS VALUE IS REQUIRED.

- ii. Fingerprint clearance cards expire three (3) years from the issuance date, regardless of the expiration date listed on the card.
- iii. Emails from ASU HR expire three (3) years from the date of the email, and must say, “Please note: the fingerprint results on the above-referenced

- person have been returned as clear.” NOT “The background check has been returned as clear”
- iv. Emails from the FBI or DPS both expire three (3) years from the date listed on the document.
 - v. Please do not upload the fingerprints themselves, they will be promptly rejected.
 1. ASU/SDA Employees- ASU employees can coordinate with SDA HR for fingerprinting or fingerprint results. This includes:
 - a. Employees paid through the biweekly ASU payroll system (i.e. full time employees, part time employees, and student workers).
 - b. SDA Volunteers and GA’s – individuals who are unpaid volunteers for Sun Devil Athletics **or** serve as a Graduate Assistant (GA) with or without a stipend.
 2. ASU Athletic Trainers- ASU trainers can coordinate with ASU Health Services for fingerprinting or fingerprint results.
 - a. The camp director should contact Robert Villalobos at ASU Health Services (robert.villalobos.1@asu.edu) for their fingerprints.
 3. Remaining Camp Employees (including current student athletes)- We recommend DPS or FBI for fingerprint clearance.
 - vi. Every 3rd-party resource is subject to evaluation to determine the validity of the clearance, and can be rejected if it does not meet ASU’s standards.
 - vii. All clearance documents **must** include: name of the individual and date of clearance Not including one of these items risks the entire form being rejected for a clearer image.
 - viii. If an employee’s fingerprint check returns results, ASU’s Office of Human Resources will be in contact about their employment eligibility.
 - ix. Per [ACD126](#), “Should one of these reports produce information that might prompt an adverse employment action for a current employee, OHR will work with the hiring authority to conduct a background investigation review to evaluate the value of the current information against the total past employment record and future employment potential.”
 - x. Do **NOT** contact any individual from the athletic department regarding the employee’s ability to work. ASU’s Office of Human Resources will be in contact.
- b. Each employee is required have fingerprints that have been cleared within three (3) years of the camp dates, and is required have completed Minors on Campus training within one (1) year of camp dates.
- i. Minors on Campus safety training expires one year after completion.
 1. ASU Employees- ASU employees can complete the training via Career Edge here. <https://asu.csod.com/ui/lms-learning-details/app/curriculum/5b9f7b37-90f9-445f-93b9-db38ec31627c>
 2. ASU Student Athletes- ASU student-athletes can complete the training via Canvas here. <https://canvas.asu.edu/enroll/XY9NRC>
A score of 80% or higher is required for passing.

3. Remaining Individuals- We recommend the following resources:
- <https://abusepreventionsystems.com/the-safety-system/awareness-training/>
 - <https://www.sadlersports.com/child-abuse-molestation-awareness-training-sports-organizations/>
 - <https://www.rainn.org/consulting-services#training>
 - <https://www.childwelfare.gov/topics/can/identifying/training/>
 - <https://safekidsthive.org/the-report/key-sections/section-6-training-about-child-sexual-abuse-prevention/>
- ii. Non-ASU employees or non-ASU student-athletes are given a list of resources to choose from for their Minors on Campus safety training. Every 3rd-party resource is subject to evaluation to determine the education on minor safety training, and can be rejected if the content does not meet ASU's standards.
- iii. Each proof of completion must show the date of completion, individuals' name, and score. Not including one of these items risks the entire form being rejected for a clearer image.
- c. Each employee must have an approved employee declaration before they are permitted to work the camp. The camp can proceed with the approved employees while the pending employees work themselves through the process.
- d. **These forms will not be approved until the Compliance Office has approved the camp employee list in step 6.**