



PROGRAM ROSTER

Camp/ Program Name: _____
 Dates of CPM: _____
 Primary Contact Name: _____
 Primary Contact Email: _____
 Primary Contact Phone #: _____

| First Name | Last Name | Type | Contact Information | Background Check | Child Protection Training | Medical Indemnification Waiver | Model Release | Sex Offender Registry Check | Staff & Vol Contract | Volunteer Application | Volunteer Waiver Indem |
|------------|-----------|----------------------------|---------------------|------------------|---------------------------|--------------------------------|---------------|-----------------------------|----------------------|-----------------------|------------------------|
| - First | Example | Employee | | X | X | - | - | X | X | - | - |
| - Second | Example | Employee- CPM Worker | | X | X | - | - | X | X | - | - |
| - Third | Example | Employee- Federal/State WS | | X | X | - | - | X | X | - | - |
| - Fourth | Example | Employee-Service Contract | | X | X | X | X | X | X | - | - |
| - Fifth | Example | Independent Contract | | X | X | X | X | X | X | - | - |
| - Sixth | Example | Volunteer- CPM | | X | X | X | X | X | X | X | X |
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Completed ELECTRONIC roster must be submitted to CE 2 weeks prior to the start of camp or program.

All Original Forms must be delivered to the Office of Continuing Education.

Any changes to roster must be submitted via email to CE@tamiu.edu.

Keep copies of all documents until camp has been cleared at the end of fiscal year.