**Lab sponsor information:**

Name of lab sponsor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Location of lab (building and room or bay) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Sponsor (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type (e.g. stipend, supplies, travel) \_\_\_\_\_\_\_\_\_\_\_\_

Description of program (100 words or less):

Contact hours with student (total) \_\_\_\_

#OSU Staff involved (faculty, postdocs, other): \_\_\_

#OSU Students involved (grad + undergrad): \_\_\_

OSU Students in contact, # hours \_\_\_

**Participant demographic information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:

\_Male

\_Female

\_Non-disclosed or other

Race/Ethnicity:

 \_\_African American

 \_\_Asian/Pacific Islander

 \_\_Latino/a

 \_\_Multiracial

 \_\_Native American

 \_\_White/Causian

 \_\_Non-disclosed

**Policy and Guideline Compliance Assurance**

I certify to the Provost that I am responsible and accountable for my program complying with the policies stated in the OSU Youth Program Policies and Guidelines manual. I will maintain the following records for at least two years: verification that staff and volunteers received training, contact information for all staff and volunteers (including whether they passed a criminal history check) and accident/incident reports for my program. By entering my name above, I am certifying that my program is in compliance.

Sponsor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

*Keep a copy of this from and return the original to your department chair.*