Minor Registration Form
(Individual)

Department Name: __________________________________________________________

Department Contact Name: ___________________________ Title: ______________________

MIT Telephone No.: ___________________________ Email Address: ______________________

Dates of Work/Internship: _______________________________________________________

Name of Minor: ______________________________________________________________

Age of Minor: _______________________________________________________________

Will Minor Stay Overnight? Yes _____ No _____

Job Description/ Summary of Duties/ Job Tasks and Responsibilities:

Safety Training Required (please be specific):

Supervision Received/Provided By: (Please print)

Primary Supervisor: ___________________________ ___________________________ Phone

Name Title

Alternate Supervisor: ___________________________ ___________________________ Phone

Name Title

Please note that your responsibility as a supervisor requires that you and/or your alternate provide close/direct supervision to the minor employed/intern/visitor. See Guidelines for Minors Working, Interning or Visiting in MIT’s DLCs at: Weblink.

Please sign below to confirm that you understand your responsibilities as a supervisor.

__________________________________________________________________________

Primary Supervisor Signature Date Alternate Supervisor Signature Date

A copy of this form must be sent to: Human Resources Officer

EHS Coordinator