

Student Assistant Disclosure Form

Outdoor Environmental Education Programs



Montgomery County Public Schools
Lathrop E. Smith Environmental Education Center
5110 Meadowside Lane
Rockville, Maryland 20855

Mr./Mrs./Ms.: _____ Date of Birth: ____/____/____
(Please print first, mi, and last name)

High School: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

I have read and understand the *Guide to Chaperoning in the Outdoor Education Program* brochure and understand the expectations of volunteering as a student assistant in the outdoor education program.

Signature: _____ Date: _____

I understand that I may be subject to a background check.

Signature: _____ Date: _____