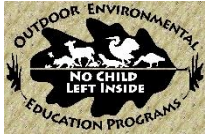


Overnight Adult Chaperone Disclosure Form

Outdoor Environmental Education Programs

Adult chaperones who are staying overnight should complete this disclosure form.



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)

Child/Relative Name: _____ School: _____
(If applicable)

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ E-mail: _____

I understand that I must complete a training on **Recognizing, Reporting, and Preventing Child Abuse and Neglect** before serving as an overnight chaperone.

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

Signature: _____ Date: _____

I understand that I must complete a mandatory criminal background check, including fingerprinting.

Signature: _____ Date: _____

Current MCPS employees (hired after 1988) and local, state, and federal law enforcement officers are exempt from additional fingerprinting checks. Please sign the statement below to verify your exemption status.

I certify that I am a current MCPS employee (hired after 1988) or an active member of a local, State, or federal law enforcement body that has received a criminal background check as a condition of employment.

Signature: _____ Date: _____