

## 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.: \_\_\_\_\_ (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: \_\_\_\_\_