



M-NCPPC, Montgomery Parks Program Access  
2425 Reedie Drive Wheaton, MD  
[301-495-2581](tel:301-495-2581) [ProgramAccess@MontgomeryParks.org](mailto:ProgramAccess@MontgomeryParks.org)  
[Montgomery Parks Program Access](#)

## Companion and Job Coach Agreement/Release Form

Send completed form to the Program Access office. Once processed and approved you will receive a copy for your records. You must show this document upon entry into programs/events/facilities each time you attend.

### Section 1: Participant Receiving Companion or Job Coaching Support

\*Participant Last Name:

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\*Participant First Name:

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\*Participant Age:

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\*Activity Name:

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\*Activity Location:

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\*Activity Start Date:

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\*Activity End Date:

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\*Select Either the Companion or Job Coach Option

#### Companion

An unpaid individual accompanying and supporting a participant with disabilities to a M-NCPPC sponsored program, class, or volunteer job must complete **Section 2a**.

#### Job Coach

A paid individual from an outside agency hired to support a participant with disabilities through training and skill development for a M-NCPPC sponsored program, class, or volunteer job must complete **Section 2b**. **This also includes Direct Support Professionals.**



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## Section 2: Companion and Job Coach Information

The sections below must be filled out with any possible companion/job coach accompanying the participant. Any companion/job coach not listed below may need to pay for their admittance to the event or program.

### Section 2a: Companion Details

\*Companion Last Name:

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\*Companion First Name:

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\*Age:

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\*Phone Number:

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\*Email:

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\*Emergency Contact Name:

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\*Emergency Contact Phone Number:

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### Section 2b: Job Coach Agency Details

\*Agency Name:

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\*Staff Member Completing the Form:

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\*Title/Position:

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\*Agency Street Address:

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\*City:

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\*State:

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\*Zip Code:

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\*Primary Job Coach Last Name:

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\*Primary Job Coach First Name:

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\*Phone Cell/Work:

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\*Email:

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\*Emergency Contact:

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\*Phone Cell/Work:

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Alternate Job Coach Last Name:

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Alternate Job Coach First Name:

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Phone Cell/Work:

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Email:

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Emergency Contact:

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Phone Cell/Work:

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Second Alternate Job Coach Last Name:

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Second Alternate Job Coach First Name:

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### Section 3: Agreement/Release

I agree to perform the duties (referred to as “Activity”) to which I am assigned to the best of my ability and in a professional manner. As a companion/job coach, I hereby state and affirm to the Maryland-National Capital Park and Planning Commission (“Commission”) that:

1. Except for any proven negligence by the Commission, I agree to release and hold harmless the Commission, its commissioners, officers, employees, and agents from all liability for any harm or injury that I may incur participating in the Activity.
2. I agree to provide support as a companion/job coach to the participant identified on this form which may include personal care, administration of medication, specific manual, verbal and/or visual accommodations prior to, during and/or after the Activity as defined by the Commission for programs, classes, events, drop-ins and/or memberships.
3. I authorize Commission staff to assist me by administering basic first aid and/or obtain appropriate emergency medical treatment for me in the event of an accident, injury, or illness.
4. I understand that I may be subject to falls, slips, cuts, bruises, as well as other unforeseen accidents.
5. Unless I indicate otherwise in writing, I understand that the Commission may take videotapes or audiotapes of me during the Activity. My first name is the only personal information about me that the Commission may release in the use of the above-mentioned media.
6. I understand that I may be required to submit to a Federal and/or State criminal background check if I am requesting to be a companion/job coach in a Commission licensed program, where minors are present. Background checks may also be dependent upon the length and/or duration of the Activity or program(s). My approval as a companion/job coach is contingent upon favorable results. (Background clearances from other agencies are non-transferable.)
7. I understand that I may be required to submit proof of vaccination for pandemics and other epidemics as required by the Commission.
8. I acknowledge that my role as a companion/job coach is contingent upon my ability to accommodate the participant listed above within the Activity setting. This includes following [Park Rules Regulations](#) and Activity/program rules.
9. I understand that this agreement does not create an employee, volunteer, or agent relationship between the agency/representative/companion and the Commission.
10. I have received the accompanying Expectations & Requirements for Companions and Job Coaches outlining my responsibilities and expectations (the “Responsibilities”) and that I have read, understood, and agree to fulfill the Responsibilities.
11. The terms of this agreement shall be binding on my heirs, executor, administrator, and all members of my family.
12. I agree to be a companion/job coach as defined by the Commission for the Activity. I further agree to be bound by all the terms and conditions stated above.

\*Companion/Job Coach Agency Representative Printed Name: \_\_\_\_\_

\*Signature of Companion/Job Coach Agency Representative: \_\_\_\_\_

\*Date: \_\_\_\_\_

Please note that a new agreement form must be completed for each program/activity/event/or memberships. A representative with Montgomery Parks Program Access (Inclusion Services) / Volunteer Services Office will be in touch with you within five (5) business days.