



City of Rockville Human Rights Commission 2019-2020 Diversity & Inclusion Initiative

The City of Rockville Human Rights Commission (HRC) presents its 2019-2020 Diversity & Inclusion Initiative (the “Initiative”), an eight-month program to replace and expand upon the HRC’s former, one-day Diversity Leadership Workshop. The Initiative consists of three main components: (1) a diversity and inclusion training, coupled with brainstorming sessions to begin planning in-school diversity and inclusion projects; (2) the development and implementation of those projects; and (3) a debriefing session for participants to provide project-related feedback and to discuss lessons learned. The Initiative’s primary objectives are to equip participants with tools to recognize prejudice, handle difficult situations with an understanding of diverse populations, and create an environment of inclusion in their schools.

The HRC welcomes all Rockville high-school and Montgomery College (Rockville Campus) students to participate in the Initiative by first registering for the HRC Diversity and Inclusion Training (the “Training”). The Training will take a highly interactive and motivational approach to diversity and inclusion teachings of peacebuilding organizations. For more details, please see the registration form below.



City of Rockville Human Rights Commission Diversity & Inclusion Training Registration Form

**REGISTRATION DEADLINE:
October 18, 2019**

The City of Rockville Human Rights Commission (HRC) Diversity and Inclusion Training will take place **Saturday, October 19, 2019**, from 10:00 a.m. to 4:00 p.m., at Rockville City Hall, 111 Maryland Avenue, Rockville, MD 20850. Student Service Learning credits will be available for high school students and similar credits for Montgomery College students. Light refreshments and lunch will be provided.

To register, please complete this entire form. All responses should be typed or clearly printed. Your signature and that of your parent/legal guardian are required if you are under 18 years old. Email your completed form to HRC Staff Liaison Janet Kelly at jkelly@rockvillemd.gov no later than Friday, October 18, 2019. Please include "HRC Diversity & Inclusion Registration" in the subject line of your email.

If you have any questions or need assistance, please contact Janet Kelly at the email address provided above or call her at 240-314-8316.

CONTACT INFORMATION

Name (First and Last) _____

School _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone (if any) _____

Email _____

INTEREST ASSESSMENT

What about this training interests you, and what do you hope to gain by participating in it?

Would you be interested in working with others to develop and implement a diversity and inclusion project at your school?

Yes _____ No _____

If so, would you be willing and able to participate in a debriefing session at the end of the school year to provide project-related feedback and to discuss lessons learned?

Yes _____ No _____

REQUEST FOR REASONABLE MODIFICATIONS

Do you require any reasonable modifications (*e.g.*, additional lunch options due to dietary restrictions) to attend this training? (Note: Transportation will not be provided.)

Yes _____ No _____

If yes, what reasonable modification(s) do you require?

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

**Participant's Consent
(For Participants At Least 18 Years Old)**

In the event that medical treatment is necessary for me (as an individual who is at least 18 years old), I _____ grant permission to the City and its agents to
(participant's name here)

seek emergency medical treatment for me (as an individual who is at least 18 years old) and do hereby authorize such emergency treatment. I understand that treatment may be sought at the nearest emergency medical treatment facility.

Participant's Signature
(if at least 18 years old)

Date

**Parent's/Legal Guardian's Consent
(For Participants Under the Age of 18 Only)**

In the event that medical treatment is necessary for my child or dependent (if younger than age 18) and I cannot be contacted, I _____ grant permission to the
(parent's/legal guardian's name here)

City and its agents to seek emergency medical treatment for my child or dependent (if younger than age 18) and do hereby authorize such emergency treatment. I understand that treatment may be sought at the nearest emergency medical treatment facility.

Parent's/Legal Guardian's Signature

Date

EMERGENCY CONTACT INFORMATION

Parent's/Legal Guardian's Name _____

Home Phone _____

Cell Phone _____

Emergency Contact's Name: _____
**(other than parent
or legal guardian)**

Home Phone _____

Cell Phone _____

Please sign and date this form below. If you are under 18 years old, your signature and that of your parent/legal guardian are required.

Participant's Signature

Date

Parent's/Legal Guardian's Signature

Date