

Business Partnership Commitment, Pinellas County Schools School Year 2020-2021

Business Partnership

The purpose of this partnership commitment is to formally establish a relationship to facilitate quality programs for children of the Pinellas County School District. The partnership can provide a coordinated, comprehensive array of services to students and their schools as designated below.

Recruit volunteers and attend trainings when possible	
Release employees to volunteer, tutor or mentor. Employees will submit volun	teer forms and a legal ID
Market the critical needs of the participating schools	
Provide free reading and math tutors for student	
Participate in the Great American Teach-in or Career Day	
Donate materials or equipment	
Provide academic recognition incentives	
Sponsor school clubs or events – List name of club or event:	
Judge School Events	
Provide Technical Assistance	
Provide Tours of facilities	
Sponsor Field Trips	
Allow for internships or job shadowing	
Appoint School Advisory Representatives	
Display Student Art Work	
Specify Other:	

Partnership - To support student achievement we agree to:

Pinellas County Schools will:

Provide employees with areas on campus to conduct mentoring or tutoring meetings	
Notify tutors/mentors if student is absent or cannot make meeting	
Display business name – recognition events, marquee, newsletter and in other marketing programs	
Provide notes of thanks from students	
Invitations to events/programs	
Provide impact data of student/school impact	
Specify Other:	

Signature of Authorized, PCS Representative

Signature of Authorized, Business Representative

Date

Date:



Business Partnership Commitment, Pinellas County Schools School Year 2020-2021 Contact Information

Business/Organization Representative:

Business/Organization Name:		
CEO/President	Title	
E-mail	Phone#	
Primary Contact Name	Title	
Address – Street, City & Zip Code	Phone#	
E-mail	Fax#	

Pinellas County Schools Representative:

School	Principal
Principal Phone#	Principal E-Mail
School Contact Name	Title
Address – Street, City & Zip Code	Phone #
E-mail	Fax#



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