

**Business Partnership Commitment, Pinellas County Schools School Year 2015-2016**

**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. We will be providing a coordinated, comprehensive array of services to students and their schools as designated below.

**Partnership -** To support student achievement we agree to:

|  |  |
| --- | --- |
|  | Recruit volunteers and attend trainings when possible |
|  | Release employees to volunteer, tutor or mentor. Employees will submit volunteer 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: |
|  |  |
|  |  |

**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/ORGANIZATION PARTNER:**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pinellas County Schools:**

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_