

Please return this form to:
Virginia Beach City Public Schools
Office of Community Relations
2512 George Mason Drive VB, VA 23456
Fax: (757) 263-1009 Phone: (757) 263-1337
Email: lauraj.smart@vbschools.com

Partners in Education Interest Form

Thank you for your interest in initiating a partnership with Virginia Beach City Public Schools. Completion of this survey will assist us in identifying your organization's needs and resources.

Name (Partnership Point of Contact): _____

Organization: _____

Address: _____

Daytime Phone: _____ **Fax:** _____

Email: _____

Type of Partner (check one): Business Community Organization Educational
 Government Military Other: _____

What is your organization's main interest in participating in the Partners in Education program?

How many members of your organization are available to participate? _____

What time of day (during the school day) are your volunteers available? _____

Will employees be granted work release time for partnership activities? **Yes** **No** **N/A**

Preferred school(s): _____

Preferred level: Elementary Middle High

Partnership Activities and Areas of Interest:

Partnerships are mutually beneficial arrangements designed to benefit students and/or staff and to extend learning experiences through expanded human, material and/or financial resources. Below is a list of examples of how your organization may support and assist a school. Each partnership, however, is unique and individually planned by the school and the potential partner, allowing for unlimited partnership possibilities. **Our organization is interested in assisting with:**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Athletic events <input type="checkbox"/> Classroom volunteers <input type="checkbox"/> Community service projects <input type="checkbox"/> Computer/technical assistance <input type="checkbox"/> Curriculum development <input type="checkbox"/> Cultural enrichment <input type="checkbox"/> Guest speakers/classroom presentations <input type="checkbox"/> Incentive programs for student achievement <input type="checkbox"/> Job shadowing or internships <input type="checkbox"/> Literacy support <input type="checkbox"/> Mentoring <input type="checkbox"/> Office support | <ul style="list-style-type: none"> <input type="checkbox"/> Providing supplies or equipment <input type="checkbox"/> School beautification/site improvement <input type="checkbox"/> School clubs/activities <input type="checkbox"/> Service on School Planning Council <input type="checkbox"/> Special events/projects (please specify) <input type="checkbox"/> Staff development <input type="checkbox"/> Support of scholarships, field trips, fundraising <input type="checkbox"/> Training for students/staff <input type="checkbox"/> Tutoring <input type="checkbox"/> Workplace tours <input type="checkbox"/> Other: _____ |
|--|---|

(continued)

Please check areas of skills and/or interests in which members of your organization would like to participate:

- | | |
|---|---|
| <input type="checkbox"/> Art | <input type="checkbox"/> Science |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Technical and Career Education |
| <input type="checkbox"/> Health/Physical Education | <input type="checkbox"/> Business Education |
| <input type="checkbox"/> Language Arts/English | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Marketing Education | <input type="checkbox"/> Health and Human Services |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Industrial Cooperative |
| <input type="checkbox"/> Military Science | <input type="checkbox"/> Computer Science/Technology |
| <input type="checkbox"/> Music | <input type="checkbox"/> Other: _____ |

Please use the space below for any additional information you would like to include regarding the types of partnership activities/involvement you think will work best for your organization, areas of expertise, volunteer availability, school preferences, etc.

Thank you again for your interest in the Partners in Education program. Please return this form to the Office of Community Relations, and we will contact you to discuss partnership opportunities.

Central Office Use -

Date Form Received:

Central Office Follow-Up:

Interest Form Distributed to Following Schools/Coordinators: