

## **QUESTIONNAIRE FOR PROSPECTIVE PARTNERS**

Organization Name:	
Address:	
Contact Person:	
Title:	
Telephone:	
E-mail:	
Do you wish to partner withSpecific school(s). PleSpecific student popuNo preference	h ease specify: lation (grade level, etc.) Please specify:
•	vities of interest (check all that apply):
Guest speaker in class	
	student or small groups; 1-2 hours per week at school)
	ntor (i.e. help with schoolwork; study skills; listening)
	r* – for students or teachers, before, during, or after school hours
Science Fair judge	
History Day judge	
Field trip guide*	
Career Day speaker*	hool most interviews (prepare students for college/job opportunities)
Mentor high school in	chool mock interviews (prepare students for college/job opportunities) nternship or research project* (meet at school or company)
•	evel position for student
folding, etc.). We	cial needs students (stapling, simple assembly, envelope stuffing, towel ork is free and monitored; conducted at school or business.
* For items checked abo	ove, please indicate subject area(s) of expertise or special interest, if
	vve, please indicate subject area(s) of expertise of special interest, if
Sponsor a student club Provide refreshments Financial contribution Participate in the Emp	tives (gift certificates, merchandise, etc.) b or an academic or athletic event for events, appreciation days, etc.

Please fax completed form to the HCPSS Partnerships Office at 410-313-6661.

Questions? Visit <a href="www.hcpss.org/aboutus/partnership">www.hcpss.org/aboutus/partnership</a>
or contact the Partnerships Office at 410-313-6655 or <a href="mailto:partnerships@hcpss.org">partnerships@hcpss.org</a>