



DPS VOLUNTEER BUSINESS CORPS

BUSINESSES/ORGANIZATIONS OPTIMIZING LEARNING IN DETROIT

B.O.L.D. Partnership Program

PARTNERSHIP PAIRING FORM

BUSINESS/ORGANIZATION NAME _____

INDUSTRY/ORGANIZATION TYPE _____

CONTACT PERSON _____

E-MAIL ADDRESS _____

TELEPHONE NUMBER _____

SCHOOL LIAISON(S)

1. _____

2. _____

3. _____

IS YOUR BUSINESS/ORGANIZATION INTERESTED IN SUPPORTING MORE THAN ONE SCHOOL?

YES

PLEASE PAIR ME WITH _____ ADDITIONAL SCHOOLS

NO

HUMAN RESOURCES

NUMBER OF EMPLOYEES AVAILABLE _____

NUMBER OF HOURS TO BE VOLUNTEERED _____ **PER WEEK/MONTH (CIRCLE ONE)**

WHAT TIME OF DAY? _____

WHAT DAY(S) OF THE WEEK? _____

ANY BLACKOUT DAYS?

AREAS OF INTEREST

Please explain the types of services or specialty your organization is able to provide in each desired category. *A minimum of 2 interest categories must be chosen.*

<p>PREFERENCE FOR GRADE LEVEL OR POPULATION (SPECIAL ED, CAREER TECHNICAL, ALTERNATIVE, ETC.)</p>	
<p>ACTIVITIES OF INTEREST</p>	<p>MENTORING _____ EDUCATION TO LIFE _____ TUTORING _____ SCHOOL BEAUTIFICATION _____</p>
<p>DESCRIPTION OF PLANNED SERVICES/SPECIALTY</p>	
<p>TOTAL HOURS AVAILABLE FOR EACH AREA MONTHLY (ESTIMATE)</p>	