



# Community Partners Application Form

Your Organization Name \_\_\_\_\_

## Contact Information

Primary Contact Person \_\_\_\_\_

Type of Organization	_____
Street Address	_____
City State ZIP Code	_____
Home Phone	_____
Work Phone	_____
E-Mail Address	_____

## Availability

During which school hours are your organization available for partnering activities?

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Weekday evenings

## Interests

We will try to place your organization at your school of interest, but will assign as needed

Please select one or more options below that appeal to your organization.

- ☐ Food Donations for students or staff appreciation
- ☐ School Supplies
- ☐ Tutoring
- ☐ Volunteering as needed
- ☐ Mentoring a student
- ☐ Internship / Job Shadowing
- ☐ Money Donation
- ☐ Grant
- ☐ One Time, Site Specific Donation
- ☐ Other



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## Special Skills or Qualifications

Summarize special skills and qualifications your organization has that can support our schools.

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## Back ground checks are optional.

Could your organization provide background check if requested? ☐ Yes ☐ No

## 2<sup>nd</sup> Contact Person (Optional)

Name	
Street Address	
City St. ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering and partnering with us.

How to Submit:

Mail or Email completed application form to:

Caress Clegg

NHCS Public Relations Division

6410 Carolina Beach Road

Wilmington, NC 28412

Email: [caress.clegg@nhcs.net](mailto:caress.clegg@nhcs.net)

Call (910) 254-4319 for any questions.