



# Henrico Schools Partnership Agreement Form

School partner (Print)

Community partner (Print. Please write address below.)

Community partner is:  A business    A faith-based group    Another community group

Nature of partnership (Check as many as applicable):

- Staff support
- Administrative/clerical support
- Direct assistance to students
- Contribution of materials, equipment or funds. **Monetary value of contribution: \$** \_\_\_\_\_
- Other: \_\_\_\_\_

For HCPS tracking purposes, if applicable, give best estimate of projected hours of partnership volunteer time per week, month or year. (Example: Two people each volunteering four hours per month = eight volunteer hours per month): \_\_\_\_\_ hours per \_\_\_\_\_.

Note: Each regular in-school volunteer must complete a volunteer application and present it at the school. The form and guidelines can be found at <http://henricoschools.us/volunteers/>.

Please keep in mind that a partnership must be specific and produce an outcome that enhances the learning environment.

Educational purpose of partnership: \_\_\_\_\_

State specific expectations for both partners; this should include roles and responsibilities of each.

The school will: \_\_\_\_\_

The community partner will: \_\_\_\_\_

Total monetary value of partnership (Required: please give best estimate): \$ \_\_\_\_\_

*It is understood by both parties that this partnership will remain in place for the current school year and will continue under the same terms until terminated by either partner or modified by both parties. The Henrico School Board reserves the right to terminate the agreement without penalty at any time if it determines that the agreement is having an adverse impact on the educational experience of students.*

\_\_\_\_\_  
School representative (Sign)                                  Date

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Community partner representative (Sign)                                  Date

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Chris O'Brien

\_\_\_\_\_  
Communications and Public Relations rep. (Sign)                                  Date

\_\_\_\_\_  
(Print name)

Forward this form to **Chris O'Brien** at HCPS Communications and Public Relations for approval.  
Two copies will be returned: one for school files and one for the community partner.

Updated: August 2016

