



ADOPTER APPLICATION

ADOPTER INFORMATION:

Adopter Name: _____

Primary Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email Address for Primary Contact: _____

Name & Email of company personnel who will be participating in campus activities:
(With successful completion of background check)

1. _____ 3. _____

2. _____ 4. _____

CLASSROOM PREFERENCES:

Do you have a preference to be partnered with a class on a particular campus?

____ Yes, I prefer to partner with a class at _____

____ No, I am willing to serve on whichever campus I am needed.

Preferred Day _____ Preferred Time _____

COMMITMENT:

I have read the standards of commitment and am ready to partner with our local schools by adopting a classroom. I understand that I will follow the guidelines listed in the Partners in Education Volunteer Guide. I will keep an open line of communication with my class. Printed materials must be approved by the teacher prior to handing out. No solicitations of my business and all participants must have approved background checks.

Printed Name: _____

Title: _____

Signature: _____

Date: _____