

Partner Information (Please print or type)

Company/Organization	
Primary Contact's Name	
Primary Contact's Title	
Primary Contact's Email	
Primary Contact's Phone	
Company/Organization Address	

Partner Commitment

Please contact me regarding my interest in the following partnership opportunity:

- Host Mayor's Youth Academy Summer Work Experience participant(s)
- Hire Mayor's Youth Academy Summer Work Experience participant(s)
- Provide financial sponsorship for program components (i.e. transportation, uniforms)
Enclosed, please find my tax-deductible donation in the amount of \$_____
- Provide financial sponsorship of a youth's Summer Work Experience
Enclosed, please find my tax-deductible donation in the amount of \$_____

Work Assignment Details

To be completed by companies/organizations who wish to host or hire youth.

Work Assignment Job Title	
Job Site Address	
Number of Youth Requested	
Hours Per Week <i>If seeking a combination of part-time and full-time interns, please provide the number of PT and the number of FT youth requested.</i>	<input type="checkbox"/> Part Time (20 hours) <input type="checkbox"/> Full Time (40 hours)
Brief Job Description <i>List job functions/duties, equipment used or operates, any special physical demands, working conditions, etc.</i>	



Skills Needed

Technical Skills

- Computer (Microsoft Office, Google Apps, Email)
- Office (copying, scanning, faxing, filing, organizing materials)
- Telephone (answering calls, recording messages, responding to inquiries, other phone work)

Non-Technical Skills

- Communication (verbal/oral/written)
- Handling multiple tasks/projects
- Interpersonal (collaboration, working in a group or working independently)

Other Specifications

- Special Interests: _____
- Special Knowledge: _____

Acknowledgment Information

To be completed by companies/organizations making monetary donations.

Please use the following name(s) in all acknowledgments:

Name(s):

- I (we) wish to have our gift remain anonymous.

Signature(s):
Date:

Please make checks, corporate matches, or other gifts payable to:

Enrichmond Foundation
C/O Mayor's Youth Academy
701 N. 25th Street
Richmond, VA 23223

Signature(s)

The signature below confirms the company's/organization's commitment to the request above:

Authorized Signature:	
Printed Name/Title:	
Date:	

