



Community Partner Commitment Form

Organization _____

Contact person _____

Title _____

Mailing address _____

City, State, Zip _____

Email address _____

Daytime phone _____

Web site or blog _____

Organization type (check one):

Business

Nonprofit

Government agency

Educational Institution

Faith-based

Individual

Other _____

Total number of employees or members: _____

Number of employees or members in Freeborn County: _____

I am specifically interested in supporting Choose Civility in the following ways: _____

Employee Education:

I would be interested in workshops for my employees. i.e. cost of work place bullying, developing a positive organization culture.

Other Suggestions:

I would be willing to contribution funds for workshops. Yes No

My employees would be given time to attend the workshops. Yes No

Signature

Date