Arkansas Out of School Network Partnership Agreement

Arkansas Out of School Network partners are interested stakeholders such as afterschool or out-of-school time resource and service providers, organizations/agencies invested in promoting community, regional and state-level collaborative efforts for afterschool or out-of-school time activities. As a partner of the Arkansas Out of School Network, our organization commits to working collaboratively to increase the availability and quality of afterschool opportunities statewide. Partners are actively involved in the Network Mission:

The mission of the Arkansas Out of School Network is to create safe, healthy, and enriching experiences for Arkansas youth during out of school times.

As a partner of AOSN, our organization designates a representative to:

- Collect relevant information and perspectives from our constituents or other division/offices
- Disseminate AOSN and afterschool information to our constituents
- Actively participate in person, by telephone or electronically in AOSN Steering Committee meetings
- Actively serve on one AOSN committee
- Disseminate public awareness tools and materials through our media channels
- Identify and share resources including training and technical assistance
- Identify how we can support AOSN financially or through in-kind contributions

The Arkansas Out of School Network pledges to work to fulfill its mission through the following goals:

**Goal 1:** Expand and develop the AOSN, its coalition of partners, and its capacity to promote and build a statewide system of afterschool programs.

**Goal 2:** Develop policies that create, expand, and sustain quality school-linked or school-based after school programs in Arkansas.

**Goal 3:** Bring together public, private, and non-profit stakeholders to inventory and share resources, and to establish a method for measuring and implementing quality school-based or school-linked after school programs

- Respect organizational values and differences
- Not to speak for partner organizations or misrepresent partners through AOSN policy statements
- Provide state leadership for AOSN
- Operate on a consensus model of decision-making
Arkansas Out of School Network  
Partner Information

You are invited to become a partner in the Arkansas Out of School Network. Partners are interested stakeholders such as afterschool or out-of-school time resource and service providers, organizations/agencies invested in promoting community, regional and state-level collaborative efforts for afterschool or out-of-school time activities. As a partner of the Arkansas Out of School Network, our organization commits to working collaboratively to increase the availability and quality of afterschool opportunities statewide.

Partners are actively involved in the Network Mission:

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<tr>
<th>The mission of the Arkansas Out of School Network is to create safe, healthy, and enriching experiences for Arkansas youth during out of school times.</th>
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**ORGANIZATION NAME:**

We designate the following individual to represent our organization on the AOSN Steering Committee:

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<td>WORK PHONE:</td>
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**MAILING ADDRESS:** (please include street address, city and zip code)

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<th>Street Address</th>
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<th>City</th>
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How does your organization’s mission complement the mission of the Arkansas Out of School Network?

You are also invited to participate on the Arkansas Out of School Network standing committees; Quality Standards, Professional Development, Finance & Resources, Communications, Nominations. Additional work groups may be formed as needed. The Steering Committee meets four times each year with additional conference calls and communications throughout the year. Our designated representative would like to participate on the ________________ Committee.

These are restrictions of what our organization cannot do:

These are the resources that our organization can share with the Arkansas Out of School Network (i.e. newsletter articles, website link, financial support, in-kind support like postage, travel or printing):

Signatures:

_________________________  ___________________________  ____________
Authorized Signer        Title                  Date

_________________________  ___________________________  ____________
Designated Representative Title                  Date

_________________________  ___________________________  ____________
AOSN Representative       Title                  Date