



Volunteer Initiative Program Request Form

Date: \_\_\_\_\_

EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

ORGANIZATION INFORMATION

*Some organizations may not qualify, please refer to the guidelines and exclusions on our webpage.*

Organization: \_\_\_\_\_

Contact to verify participation (name and title): \_\_\_\_\_

\_\_\_\_\_

Tax ID #: \_\_\_\_\_

501(c)3:       YES       NO

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Describe the purpose of the organization:

*Some organizations may not qualify, please refer to the guidelines and exclusions on our webpage.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Role in Organization:

Describe how you have dedicated 20 hours or more to the organization within this fiscal year (July 1 to June 30):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes, please publish my name, photo, and activity to the Community Partnerships, Planning, and Research website for reference.

Ok to publish my name and activity, but prefer no photo.

Employee

Signature: \_\_\_\_\_

For more information, <https://www.grinnell.edu/community-partnerships>