



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 Enhancement & Engagement website for reference.

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

Employee Signature: _____

For more information, <https://www.grinnell.edu/about/offices-services/community-enhancement>