

Together We Care
Application form- Dollars for Doers



PART I –
To be completed by IOC employee

Name : _____

Badge Number : _____

Position : _____

Department: _____

Site : _____

Home Address: _____

Town: _____

Postal Code: _____

Email: _____

1. How long have you been a volunteer with this organization?

2. Approximately how many hours have you volunteered in the last 12 months? *(Minimum requirement: 50 hours annually)*

3. What duties do you perform?

Are you a board member of the organization? _____

I confirm that I do not receive any compensation for my volunteer services' and that the information contained in this document is accurate to the best of my knowledge.

Employee signature : _____

Date : _____

PART II –
To be completed by the organization

Name of organization: _____

Address : _____

Town : _____

Province/Postal Code : _____

Email : _____

Website : _____

The organization has non-profit status.
Attached registration to confirm. (Mandatory)

I confirm that the employee did volunteer the number of hours as outlined.

Name of authorized representative :

Position : _____

Signature : _____

Date : _____

Approved :

- YES \$ _____
- NO

C & ER Rep signature : _____

Date : _____