PELLA ROLSCREEN FOUNDATION

Pella Rolscreen Foundation

Volunteer Recognition Program Application

Pella Corporation Volunteers . . . Building Better Communities . . . Person by Person . . . Hour by Hour

Part I - Volunteer Information

Volunteer's Name	Employee Retiree	Employee ID No.	Home Telephone No.
	☐ ☐		

Home Address	City	State	Zip Code

Part II - Hours Volunteered

Name of Organization	Description of Service	No. of Hours	Date(s)
	Subtotal Page 1		
	Subtotal Page 2		*Hours must total 50 or more*
	TOTAL HOURS		*to be eligible for a $100 grant.*

I have read and understand the program guidelines. I certify that the above information is correct and that I will receive no material benefits from this volunteer grant.

_____ _____

Employee or Retiree Signature Date

Part III - Organization to Receive $100 Grant

Name of Organization to receive $100 grant	Contact Person	Phone Number	
Address	**City**	**State**	**Zip Code**

If you have volunteered at least 50 hours, documented them on this application form, and indicated the recipient organization, return the completed form to:

Foundation Administrator
102 Main Street
Pella, IA 50219
641-621-6243 or 641-621-6624

For Foundation use only. Approved by _____

Page 2 - Continuation of Hours Volunteered. If more space is needed, use separate page.

Part II - Hours Volunteered			
Name of Organization	Description of Service	No. of Hours	Date(s)
	Subtotal Page 2		
Carry hours accumulated on Page 2 to Page 1 for total hours volunteered.			

Thanks for volunteering your time and energy to make your community a better place to live!