



**PELLA ROLSCREEN
FOUNDATION**

Pella Rolscreen Foundation

Volunteer Recognition Program Application

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

Part I - Volunteer Information					
Volunteer Name	Employee	Retiree	Spouse	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		Hours must total 25 or 50 to be eligible for a \$100 or \$250 grant, respectively.	
		Subtotal Page 2			
		Total HOURS			
Part III - Organization to Receive Grant					
Name of Organization to Receive Grant	Contact Person	Phone Number			
Address	City	State	Zip Code		
<p>I have read and understand the program guidelines on pellarolscreen.com. I certify that the above information is correct and does not include hours previously submitted, nor will I receive material benefit from this volunteer grant.</p>					
_____				_____	
Employee or Retiree Signature				Date	
Please return completed form to: Foundation Administrator 102 Main Street Pella, IA 50219 641-621-6243	For Foundation Use Only _____ Approved By _____ Hours _____ _____ Dollar Amount _____				

