



**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	

