**COMMUNITY SERVICE FORM | Verification**

**[VERIFICATION OF THIS COMMUNITY SERVICE FORM TO BE COMPLETED BY THE FUND RECIPIENT]**

Applicant name ..................................................................................................................................................

*(Name(s) of group or individual)*

Project Title ..................................................................................................................................................

*(Title or name if applicable)*

Contact person ..................................................................................................................................................

*(If applicable)*

**[TO BE COMPLETED BY COMMUNITY ORGANIZATION/GROUP/ELDER]**

**BRIEF DESCRIPTION OF VOLUNTEER ACTIVITY:**

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of people involved |  | Number of hours per volunteer |  | Total number of hours volunteered |
| ................... | X | ................... | = | ................... |

Date volunteered ................................................................

Supervisor name ................................................................ Supervisor position ............................................

Supervisor signature ............................................................ Telephone number ..............................................

**[TO BE COMPLETED BY DREAMCATCHER CHARITABLE FUND PERSONNEL ONLY]:**

Date received .................................................................. Received by ........................................................

**This application form must be submitted by person, mail or courier to the Dreamcatcher Charitable Foundation at the following address. Faxed or e-mail applications are NOT accepted.**