

# U.S. Community Partnerships

## GlaxoSmithKline's Investment in Volunteer Excellence (GIVE)

### Application Form (Application must be **received** within 30 days after the completed volunteer service.)

Please print all information except signatures.

\_\_\_\_\_ Number of volunteer hours GSK employee or his/her spouse/domestic partner volunteered. (Minimum number of hours is 50 in a calendar year. No partial hours.)

\_\_\_\_\_ through \_\_\_\_\_ (mm/yyyy)  
(Volunteer dates must be within a calendar year – Jan. 1- Dec. 31.)

\_\_\_\_\_ IRS name of organization

**Limit of 17 characters** (If applicable, specify group within the organization associated with volunteer activity: e.g., Smith classroom, symphonic band, French class.)

\_\_\_\_\_ Federal Tax ID Number  
(Always nine digits - e.g., 22-5678345. Ask your organization contact or chief financial officer for this number.) This must match the number on the IRS letter of determination.

\_\_\_\_\_ Organization Street Address

\_\_\_\_\_ Organization PO Box (in addition to street address)

\_\_\_\_\_ City State Zip+4

\_\_\_\_\_ Organization Telephone Organization FAX

\_\_\_\_\_ Organization E-mail Organization Web Address

\_\_\_\_\_ Organization Contact Name

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

\_\_\_\_\_ Contact's Title: (e.g., Executive Director, Principal)

\_\_\_\_\_ Volunteer's activities with the organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Volunteer Name

Volunteer is:  employee or  spouse/domestic partner

\_\_\_\_\_ Volunteer Home Street Address

\_\_\_\_\_ City State Zip+4

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Volunteer Work Telephone

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Volunteer Home Telephone

\_\_\_\_\_ GSK Employee's Name (first & last) – if not the volunteer

Employee works  full-time  part-time (minimum 20 hr/wk)

Business Unit  Pharma  R&D  GMS  Corporate  CH

\_\_\_\_\_ GSK Hire Date (mm/dd/yyyy)

\_\_\_\_\_ Employee ID

\_\_\_\_\_ GSK Work Address (include bldg. & office #, if applicable)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ GSK Day Time Telephone

**Remember** - If not already on file, please obtain a copy of the organization's 501(c)(3) IRS tax exemption status letter. This and any other required organization information must be submitted with the application. For public schools that do not have 501(c)(3) status, you must submit a letter from the school as outlined in the GIVE guidelines.

**Certification:** By submitting this application, the volunteer and/or the employee (if not the volunteer) certify that the information in the application is correct and reflects the actual hours volunteered. To be eligible, the volunteer must contribute a minimum of 50 hours during a calendar year. The nonprofit organization must have an IRS 501(c)(3) exemption status or Section 170(c)(1) designation. For more detailed information on who can participate and eligibility requirements, please review the reverse side of this application.

\_\_\_\_\_ Volunteer Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Employee Signature - if not volunteer

\_\_\_\_\_ Date