

Fund

Community Grants Program

Volunteer Verification Form

INSTRUCTIONS:

- Employee/retiree: Complete Section A. Forward form to charitable organization.
- Site Representative: Sign Section B to confirm active employee or retiree status.
- Charitable organization: Complete Section C, and submit with community grant application to:

Johns Manville Fund Administrator
P.O. Box 5108
Denver, CO 80217-5108
Phone: 303-978-3863 Fax: 303-978-2108

Please print or type

SECTION A

Name of employee	Work phone number ()
Location	Division

Name of organization

Address	City	State	Zip
Contact person	Phone ()	Fax ()	
How long have you served as a volunteer for this organization?	Approximately how many hours do you volunteer each month?		

Describe your volunteer activities (attach extra sheet if needed)

Describe why this organization should receive a grant from the Johns Manville Fund.

Signature of Employee	Date
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SECTION B

Signature of Johns Manville Fund Site Representative	Date
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SECTION C

Verification by Organization

I confirm that _____ is a volunteer for

Signature of contact person	Date
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