

Van Horn Gives – Volunteer Participation Request

Employee Information

Name: _____ Job Title: _____

Location/Department: _____

Email: _____

Volunteer Opportunity Details

Organization Name: _____

Organization Type: 501(c)(3) Non-Profit Government Entity

501(c)(3) Number: _____

Volunteer Date(s): _____

Employee's Scheduled work hours that day: _____

Actual Volunteer time (Start-End): _____

Volunteer Hours Requested: _____

(Full Time: 16 Hours Annually | Part Time: 8 Hours Annually)

Brief Description of activity and why you choose this organization:

Employee Acknowledgement

I confirm this request is accurate and aligns with Van Horn Gives volunteer guidelines.

Employee Signature: _____ Date: _____

Supervisor Approval: Yes No, if no, why? _____

Supervisor Name: _____ Email: _____

Supervisor Signature: _____ Date: _____

Submit a photo of your participation to DL_Marketing@vhcars.com to be shared.