**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:**

......................................................................................................................................................................

......................................................................................................................................................................

......................................................................................................................................................................

......................................................................................................................................................................

......................................................................................................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.**

**Mailing Address:** Manager, The Dreamcatcher Charitable Foundation, P.O. Box 659, Ohsweken, ON N0A 1M0

**Courier Address:** Iroquois Lacrosse Arena, c/o The Dreamcatcher Charitable Foundation, 3201 Second Line, RR6, Hagersville, Ontario N0A 1H0

Telephone: (905) 768-8962 | Toll Free: 1-866-508-6795 | Fax: (905) 768-8963

Website: [www.dcfund.ca](http://www.dcfund.ca/) | Email: info@dcfund.ca

Our Kids. Our Community. Our Future.