

# Vital Volunteer Application

## Instructions to Employees, Residents, and Groups

1. Complete Section A of this form.
2. Mail the form with your donation or Hour Tracking Sheet to the not for profit charity of your choice.
3. **The charity completes Section B and sends in all required documentation to the Vital Life Foundation.**
4. The completed form will be reviewed by the board quarterly in January, April, July and October  
You will be notified of approval by letter.
5. Only Marquis/Consonus employees and residents are eligible to receive a \$1,000 per year match.
6. The market value of crafts and hand-made gifts will be matched, not the time taken to create them.
7. The Vital Life Foundation will go back one quarter to match dollar-for-dollar requests. *Vital Volunteer Hours will be matched back to January 1 of the current year, but must be turned in no later than January 31 of the following year.*

### Section A (to be completed by employee/resident). Use a separate form for each charity.

Name: \_\_\_\_\_ Group Request: Yes  No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility/Business Line: \_\_\_\_\_ Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Charitable Organization: \_\_\_\_\_

Organization Description: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Dollar-for-Dollar Match (*minimum \$25 gift*) must be requested within 90 days of donation.  
Amount of your gift: \_\_\_\_\_

Vital Volunteer Hours Match (*minimum 20 hours for individual or group per charity for first request*).  
Hours: \_\_\_\_\_ x \$10 = \_\_\_\_\_ VLF Match Requested

Date of Donation: \_\_\_\_\_

### Instructions to Non-Profit Organization (to qualify for matching of funds)

1. Complete Section B of this form.
2. **First time applicants please attach a copy of your 501(c)(3) letter and mission statement or description of your organization.**
3. Charitable Donation: please attach receipt
4. Volunteer hours: please fill out and attach page two of this form
5. Mail/email the signed copy of this form and required documentation to:  
Vital Life Foundation, a Marquis and Consonus Foundation  
4560 SE International Way, Suite 100  
Milwaukie, OR 97222 or [info@vitallifefoundation.org](mailto:info@vitallifefoundation.org)
6. Matching gift payments will be made quarterly.

### Section B (to be completed by non-profit organization).

Organization's Legal Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Verify Amount Received: \_\_\_\_\_ Tax Deductible Amount: \_\_\_\_\_

Verify Volunteer Hours Indicated Above: \_\_\_\_\_ (hours)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Authorizing Officer (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

VLF reserves the right to withhold matching funds to organizations that discriminate against a person or group on the basis of political affiliation, race, national origin, ethnicity, gender, disability, sexual orientation, or religious belief.

## Vital Volunteer Application – Hour Tracking

Applicant Name: \_\_\_\_\_ Facility/Business Line: \_\_\_\_\_

- Individual
  Employee Group
  Resident Group

Non-Profit Organization Name: \_\_\_\_\_

Hours Tracked for \_\_\_\_\_January-March \_\_\_\_\_April-June \_\_\_\_\_July-September \_\_\_\_\_October-December

*Hours can be tracked back to January 1<sup>st</sup> of the current year, but must be turned in no later than January 31<sup>st</sup> of following year. For handmade gifts track tasks rather than time.*

Date	Name	Hours	Brief Description of Task or Handmade Gift
			Total Hours: Total # of Handmade Gifts _____ Value of each _____ # of gifts x value = _____ requested (Value assigned by VLF Board)