

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 \$1,500 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
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 1st of the current year, but must be turned in no later than January 31st of following year.
For handmade gifts track tasks rather than time.*

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A MARQUIS
& CONSONUS
FOUNDATION

Get forms at www.vitallifefoundation.org or through your manager or call 971-206-5168.

