



COMMUNITY SERVICE FORM | Reporting Requirements

Applicant(s) name: The name of the applicant/group.

Project title/Name: What your event/activity is entitled (called).

Contact person: (*Very important*) This is the person who will be in charge of this application. We can only release information to this person.

Brief description/volunteer activity: Write in detail what your event/activity is all about and clearly outline why you are requesting funding.

Number of people involved: How many applicants will be doing this community service.

Number of hours per volunteer: How many hours did you volunteer.

Total number of hours volunteered: Total number of hours completed. *Number of people involved x Number of hours per volunteer = Total number of hours completed.*

Date volunteered: The actual date you completed your volunteering.

Supervisor name: The person coordinating the event, **prints** their name in this section

Supervisor position: The person coordinating the event enters their title (eg., Supervisor, Manager, Coordinator).

Supervisor signature: The coordinator of the event **must sign** their name

Telephone number: The coordinator's phone number

Acknowledgement:

The acknowledgement is a public "Thank You" back to the Dreamcatcher Charitable Foundation. We would prefer that you e-mail a photograph of yourself participating in the event that we have funded you for. All photographs can be e-mailed to **info@dcfund.ca** and will become property of the Dreamcatcher Charitable Foundation. Any photographs that are submitted may be used for promotional material.

The 1-Page Report:

The 1-Page Report is a summary, in your own words, of how the event that we provided funding for went. The Report explains in detail any benefits that you may have personally gained. For example, if someone received funding for a hockey season, let us know how your hockey season went for you. Did you receive any MVP's of the team? Did you win any Championships etc.

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 | Email: info@dcfund.ca

