



Volunteer Incentive Program

## Post-Activity Information

Date: \_\_\_\_\_

Volunteering Club/Team Name: \_\_\_\_\_

Coach/Sponsor Present at Activity: \_\_\_\_\_

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

Email: \_\_\_\_\_

Address (where check should be mailed): \_\_\_\_\_

Cause or Organization receiving volunteer support: \_\_\_\_\_

The cause coordinator name: \_\_\_\_\_

The cause coordinator phone: \_\_\_\_\_

Description of services provided:

Date services provided: \_\_\_\_\_

Does VIP have permission to publish pictures of students participating in the activity (yes or no):

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YES

NO

**VIP does not sponsor and is not associated with the volunteer Activity in any way. VIP does not recommend, promote or endorse individual volunteer Activities and is not responsible for the safety of the students at the Activity. VIP merely provides donations to the Organization based on Student service conducted at the volunteer Activity. As such, the Organization shall be fully and solely responsible for the safety of the Students participating in the volunteer Activity. The Organization should make sure that the volunteer Activity will be conducted under adult supervision. The VIP program urges organizations to evaluate activities to assure student safety. Further, the organization is encouraged to inquire whether the volunteer Activity will be covered by insurance provided by the Organization or their parent entity or the organization, entity or person being provided the volunteer service.**

Signature of the representative of the cause or organization where service was performed, confirming the volunteer service was provided as represented in this Post Activity Information Sheet:

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

Date: \_\_\_\_\_

**Do you have Donors who are designating funds to your Organization?**

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YES

NO

If yes, please provide Donor pledge forms from those entities or individuals.

**Please submit form to:**

Volunteer Incentive Program

c/o Shantel Cooper

615 W. Maple

Farmington, NM 87401

or

[volunteerincentiveprogram@yahoo.com](mailto:volunteerincentiveprogram@yahoo.com)

#	Participating Student Names Please Print	Start Time	End Time	Total Hours
1				
2				
3				
4				
5				
6				
7				
8				
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12				
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