



Board Service Grant Application

PLEASE PRINT LEGIBLY OR TYPE

BEFORE FILLING OUT THIS APPLICATION, PLEASE REVIEW THE GUIDELINES

Employee Name: _____
Last Name First Name AAA Job Title

AAA Job Position (circle one): Non-Manager Manager Director VP SVP EVP

Work Site: _____
Department City Mail Stop

Work Telephone: _____ Employee ID #: _____

How many years have you been on the board of this organization? _____

I've logged my board service hours at www.aaavolunteers.org? Yes

Organization's Name: _____

Organization's Mailing Address: _____

Organization's City/State/Zip Code: _____

Organization's Telephone: _____

Organization's Executive Director: _____ Email: _____

Organization's Web Site: _____ Fed Tax ID#: _____

This application accurately reflects my board involvement with the organization:

Legible Employee Signature Date

This organization conforms to the eligibility requirements of the program:

Legible Organization's Executive Director's Signature Date

***Application must be submitted to the Community Relations Dept., Mail Stop W520, by October 31.**