



Dreamcatcher
Charitable Foundation

Community Service Form & Reporting Requirements Outline

- Applicant(s) name:** The name of the applicant/group.
Application Number: Write your application number on the form
Receive Funding For: What your event/activity Dreamcatcher funded you for.
Contact person: If Applicant is under 18 years of age.
Brief description/volunteer activity: Write in detail what your event/activity is all about.
Number of people involved: How many applicants will be doing this community service. *(If for a group)*
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. All 1-Page Reports can be e-mailed to info@dcfund.ca and will become property of the Dreamcatcher Charitable Foundation. Any reports that are submitted may be used for promotional material.

(continued on next page)



Dreamcatcher
Charitable Foundation

COMMUNITY SERVICE FORM | Verification

[VERIFICATION OF THIS COMMUNITY SERVICE FORM TO BE COMPLETED BY THE RECIPIENT]

Applicant name
(Name, group or individual)

Application number

Received funding for

Contact person
(If under 18 years of age)

[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 FOUNDATION PERSONNEL ONLY]

Date received Received by

This Community Service form can be submitted in person, mail, email, fax, or courier to the Dreamcatcher Charitable Foundation at the address listed below.

Mailing Address: 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, R.R. # 6, 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