



Volunteer Grant Application

Send completed form to ONEGasFoundation@onegas.com

Date of Application _____

Name of Employee or Retiree (print or type) _____

Home Address _____

City _____ State _____ Zip _____

Total Company-Sponsored Volunteer Hours _____

Name of Nonprofit to Receive Grant _____

Nonprofit Organization's Address _____

City _____ State _____ Zip _____

Total Volunteer Hours for Nonprofit _____

Attach: 1) Confirmation from the nonprofit that employee/retiree volunteered that number of hours,
2) Their mission statement and 3) Verification of 501(c)(3) status.

Applicant Signature (required) _____ Date _____

FOR VOLUNTEER CHAPTER USE ONLY

CHECK: Recommend to Approve _____ Recommend to Decline _____

Volunteer Chair Signature _____ Date _____

FOR FOUNDATION USE ONLY

CHECK: Approve _____ Decline _____

Foundation Staff Signature _____ Date _____