

Organization Form

The VIP Program | GIVE



Name: _____ Student #: _____

Fall/Winter/Spring: _____ Year: _____ VIPL Level: _____

Email: _____ Volunteer Organization: _____

1. Why did you get involved with this organization?

2. What did you do at this organization and what did you learn as a result?

3. How will you incorporate this experience into your future?

I, _____, verify that all of the information on this form is accurate.

Your initials: _____ Date: _____

PART B – Volunteer organization contact information

This form verifies that _____ has completed a total of _____ volunteer hours through this organization between April 7th, 2023 and August 4th, 2023 and has not received financial compensation or academic credit for their time.

Name: _____ Date: _____

Signature _____

Contact email/telephone: _____

Access to Information and Protection Policy

All information requested by the VIP will be used solely for the administration and management of the program. Personal information is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2) and is used for the purposes of administration and program planning. Questions about this collection and use of personal information may be directed to the Manager of the Student Experience Office at 709-864-8819