



Employee Giving Program

Community Sport Volunteer Grant Application Form

Part 1 – Applicant Information

Bell Canada is proud to partner with the True Sport Foundation (TSF) to offer Bell employees and retirees an opportunity to recognize their volunteer time in community sport. Bell's Community Sport Volunteer Grant Program is a leading example of Bell's commitment to encouraging volunteerism in sport. The program is administered by Bell's Employee Giving Program in partnership with TSF. It is limited to one grant per year per employee/retiree. Individuals may apply as soon as they have accumulated 50 hours of volunteer work for an eligible community sport group in the current calendar year. Teams must volunteer a minimum of 500 hours (250 hours must be performed by at least two Bell employees and/or retirees). Once a grant request is reviewed and approved by Bell's Employee Giving Team and the TSF, the cheque will be processed and returned to the applicant to present to their designated community sport group. Longer delay to process your application may occur if some information is missing.

All information followed by an asterisk (*) is mandatory.

Salutation First Name *

Mr. Mrs. Miss. Ms.

Preferred Language for Correspondence Last Name *

E F

Active Employee Retiree

Employee Number *

Complete work address for employee or home address for retiree * (Should the grant be approved, this is the address the cheque will be sent to)

City * Province* Postal Code *

Telephone Number * E-mail Address

Part 2 – Community Sport Group Information

Eligible Canadian community sport groups include local parks and recreation associations, schools (except for private schools), community sport clubs, community associations, provincial and national team sport associations, faith-based sport organizations and other not-for-profit groups or charitable organizations who organize community sport events.

Name of sport group for which you are requesting a grant (Sport team name) *

Type of sport (example: hockey, soccer, baseball, judo, etc.) *

Age of sport group participants * Gender of sport group participants *

0-3 4-5 6-8 9-11
 Male Female Mix (male & female)

12-14 14-16 17-19 20 and up

Sport group not-for-profit number (if your sport group is registered as a charitable organization)

Official sport group name to appear on cheque – (IMPORTANT NOTE: The group indicated must have a bank account. If the sport group does not have a bank account, the cheque can be made to the association with the sport group name as a reference) *

Association with which they are affiliated *

Address *

City *

Province* Postal Code *

Please describe your volunteer role and activities with this sport group and how you promote the True Sport values of fairness, excellence, inclusion and fun as part of that role (required information for application to be considered):

(To further understand the True Sport values, please visit www.truesport.ca. For a list of examples of values-driven sport activities and a Q&A, please visit www.bell.ca/employeegiving.) If you require more space, please send an additional page.

Fairness:

Excellence:

Inclusion:

Fun:

Please describe in as much detail as possible how you will use the funds.

Salutation

Mr. Mrs. Miss. Ms.

First Name of contact person with sport group *

Last Name *

Preferred Language for Correspondence

E F

Telephone Number *

Part 3 – Grant Information to be filled by Applicant

Grants are approved on a calendar year basis. The maximum grant is \$500 for individual applicant, and \$2,500 for a team grant. The annual maximum per organization is \$2,500.

Please note that Bell and the TSF will review all application forms to ensure eligibility requirements are met and that the sport organizations are using the grant to promote values-driven sport. It is therefore important for applicants to provide true and accurate information. *Please note that false representations could result in disciplinary and/or legal action as well as the sport group losing eligibility for future grants.*

Type of grant * Individual Bell Employee / Retiree Team of Bell Employees / Retirees

Calendar year *

Total hours worked by the applicant during the identified calendar year *

To be completed for Team Grant only:

Bell volunteer(s) involved (other than applicant):

Employee Number	Last Name	Initials	Hours worked during the identified calendar year	Employee or Retiree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> <input type="radio"/>

Other volunteer(s) involved:

First Name <input type="text"/>	Relationship <input type="radio"/> Family	Hours worked during the identified calendar year <input type="text"/>
Last Name <input type="text"/>	<input type="radio"/> Friends	
	<input type="radio"/> Other	
First Name <input type="text"/>	Relationship <input type="radio"/> Family	Hours worked during the identified calendar year <input type="text"/>
Last Name <input type="text"/>	<input type="radio"/> Friends	
	<input type="radio"/> Other	
First Name <input type="text"/>	Relationship <input type="radio"/> Family	Hours worked during the identified calendar year <input type="text"/>
Last Name <input type="text"/>	<input type="radio"/> Friends	
	<input type="radio"/> Other	

Total number of hours worked by the applicant and the team for the organization named above during the identified calendar year

All applicant information is confidential; no information about individual applicants will be released publicly without the employee's or retiree's written consent. If you allow us to publish information on this request as an example of the work performed by our employees/retirees, please check here.

The True Sport Foundation and Bell Canada reserve the right to accept or reject your request subject to eligibility and the availability of funds.

Date of request (YYYY/MM/DD)

Signature of applicant

Indicate number of additional pages _____

Take note that there is a 6-8 weeks delay for treatment

Part 4 – Please send your application form:

By email: employeeegiving@bell.ca

or

By fax: 514 391-3908

or By mail:

Bell Canada, Employee Giving Program
1, Alexander Graham Bell A-4
Verdun (Québec) H3E 3B3

For any questions regarding the Employee Giving Program, you may contact us at **1 866 670-8800**