

Community Service Bursary

ORGANIZATION REGISTRATION FORM

(Please Print)

Name of Organization: _____

Mailing Address : _____

Organization Email: _____
(Please include as this is our primary means of contacting you)

Organization Phone: _____ Fax: _____

Are there any special requirements for your volunteers? (Age, training?) _____

Please provide a detailed explanation about the nature or the volunteer work. (Please refer to terms and conditions for information on acceptable volunteer jobs)

Volunteer co-ordinator/contact person for the Organization: (this is the person who will be supervising students and submitting the volunteer hours)

Print Name Signature Date

Please return this form by mail or fax to:

Community Service Bursary Program
Department of Workforce and Advanced Learning
Atlantic Technology Centre, 176 Great George Street, Suite 212
Box 2000, Charlottetown, PE C1A 7N8
Phone: (902) 368-4640 Fax: (902) 368-6144