employee eligibility

○ individual application ○ team application

PSEG company where volunteer works

○ PSE&G ○ PSEG Energy Holdings ○ PSEG Services ○ PSEG Power ○ other PSEG company

volunteer or team leader's name (last, first, middle)

employee # date employed

position/title department

mail code cost center company phone

home address

city / state / zip county

home phone email

How many hours does the volunteer or team serve? (minimum requirement: 50 hrs/yr) _____

If applying as a team, how many hours are provided by PSEG employees? _____

Provide a one-sentence description of the volunteer activity (and team name, if applicable): _____

I hereby certifiy that I do not receive any compensation for my volunteer service, and that the information contained in this document is true and accurate to the best of my knowledge.

volunteer or team leader's signature / date

Are you a board member of the organization? ○ yes ○ no

organization eligibity

name of organization EIN #

address

city / state / zip

phone fax

email

web site

I hereby certifiy that the employee or team has performed the volunteer services and hours as described. If our organization did not receive a PSEG Dollars for Doers grant in the past, a copy of our IRS 501(c)(3) determination letter is enclosed with this application.

name of officer (please print)

title

signature date