**2019 KP Gives Employee Volunteer Grant**

**Kaiser Permanente Staff Volunteer Involvement**

1. For each KP Volunteer, please indicate: name, email address, activities/events participated, total hours volunteered during past 12 months, and whether the employee has entered hours on kpcares.org

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| --- | --- | --- | --- | --- |
| *Name* | *Email*  | *Activities/events* | *kpcares.org hours updated (Y/N)* | *Total Hours* |
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|  |  |  | *Total KP Volunteer Hours* |  |

1. Are any Kaiser Permanente Employees board members of your organization? If so, please include name and term dates.

|  |  |  |
| --- | --- | --- |
| Name  | Term Start Date | Term End Date |
|  |  |  |