



Carrols Restaurant Group, Inc. "Dollars for Doers" Application Form



Employee Name _____ Date of Application _____

Job Title _____ Location/Unit # _____

Instructions

1. Complete "Section A" (below) of this form.
2. Submit this form to the Carrols Corporate Human Resources Department for review.
3. Provide the Community Service Organization with the Community Service Organization Form for their completion.

Section A – For Employee Use

Employee Name:	Social Security #:	Hire Date:
Community Service Organization:		Organization Phone #: () -
Address of Organization:		

When did you start volunteering for your community service organization?

How will the "Dollars for Doers" grant contribute to your community service organization? What will they use the grant for?

I request a "Dollars for Doers" grant for the community service organization indicated in accordance with the provisions of the Dollars for Doers Program.

Employee Signature

Date

Section B (Company Use) – Carrols Human Resources Approval

The length of service with Carrols Corporation (at least 6 months) and the hours spent volunteering (at the above organization) by this employee qualifies him/her to be eligible for a "Dollars for Doers" grant. The community service organization listed above is approved for a "Dollars for Doers" grant based on the application and documentation provided by the employee and the Community Service Organization. The above employee will not be eligible to apply for another grant until six month's time has passed.

Name _____	Title _____	Date _____	Approve/Disapprove
			<input type="checkbox"/> <input type="checkbox"/>
Name _____	Title _____	Date _____	
			<input type="checkbox"/> <input type="checkbox"/>

Mail your completed form directly to the Corporate Office of Carrols Restaurant Group, Inc., 968 James Street, Syracuse, NY 13203, attn: Human Resources. If you have any questions, please call 1-800-348-1074 ext. 2258.



Carrols Restaurant Group, Inc. Community Service Organization Form



Volunteer Name _____

NOTE TO EMPLOYEE APPLICANT: This form must be completed by the Community Service Organization.

Instructions

1. Complete this form.
2. Attach documentation of hours volunteered.
3. Attach documentation of evidence of 501(c)(3) tax-exempt status.

For Community Service Organization Use

Supervisor Name and Title:	Volunteer's Start Date:
Community Service Organization:	Organization's Main Office Phone #: () -
Address of the Organization's Main Office:	

Has the above named person volunteered for your organization for at least 6 months? Yes No

If yes, during the last six months has he/she volunteered at least 24 hours?

Yes No

Please give examples of the type of volunteer work he/she has done with your organization.

I have answered the above questions to the best of my ability. I fully understand that Carrols Restaurant Group, Inc. reserves the right to contact the Community Service Organization or me if further questions regarding the volunteer or this community service organization may arise.

Volunteer Supervisor

Date

Please Attach:

- Documentation of volunteer hours.
- Documentation of evidence of 501(c)(3) tax-exempt status.

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