

# Verification Form

In order to be considered for a grant, this form must be completed by the 501(c) (3) non-profit organization on behalf of the MassMutual volunteer. Please complete this form, scan and e-mail back to Tom Fiske at [tfiske@massmutual.com](mailto:tfiske@massmutual.com).

Applicant: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Briefly describe the purpose of the organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the employee been an active volunteer within the last 12 months? \_\_\_\_\_

Please discuss employee's volunteer involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Continued)**



We'll help you get there:

