

# Community Service Bursary

## Organization Registration Form

Date Registered: \_\_\_\_\_

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

Mailing Address of Organization:

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

Contact Person (please print): \_\_\_\_\_

Telephone (902): \_\_\_\_\_

Fax: (902): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Any special requirements for volunteers? \_\_\_\_\_  
\_\_\_\_\_

Location of volunteering? \_\_\_\_\_

Time of Year Volunteers Needed and Hours Available \_\_\_\_\_  
\_\_\_\_\_

**Note to Organization:** Please return this signed Service Agreement form to:  
Nancy Murphy  
Department of Development & Technology  
P.O. Box 2000  
Charlottetown, PE C1A 7N8  
fax: (902)368-5909