



## Making a difference takes only five simple steps...

### How do I become a HondaGO Volunteer?

- Step 1** Volunteer a minimum of 40 hours to an eligible 501(c)(3) or (6) organization.
- Step 2** Each Volunteer must complete the HondaGO Volunteer Grant request form (see other side).
- Step 3** Forward the entire form to the non-profit organization for which you volunteered.
- Step 4** The non-profit organization must complete their section of above mentioned form (see other side), provide a W-9 tax form and return all sections of the grant request to:  
Honda Manufacturing of Indiana  
Attn: Corporate Affairs  
2755 N. Michigan Ave.  
Greensburg, IN 47240  
or [hmin\\_cc@hmin.honda.com](mailto:hmin_cc@hmin.honda.com)
- Step 5** Upon verification of all eligibility information, Honda Manufacturing of Indiana will issue a check on behalf of the volunteer, minimum of 40 hours of volunteer service (maximum contribution - \$200 per volunteer, in 12-month period).

# HONDA

Honda Manufacturing of Indiana, LLC



### If you believe...

That **one person** can make a difference.

That **one hour** can change a lifetime.

That **one act of kindness** can impact a life forever.

That **one community** can touch the world.

### Then Give it a GO!

## HondaGO Volunteer Grant Request Form

**Volunteer:** Complete this section with all applicable information (please print neatly), then forward the entire form to the non-profit organization for completion.

Honda Associate  Spouse

Is this with your BRG? If so, name of BRG \_\_\_\_\_

Associate Name

Associate Number

Dept.

Spouse Name (if volunteered)

Street Address

City

State

Zip

County

Phone Number

Email Address

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

My/Our volunteer activities with this organization have included:

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If appropriate, can you provide a human-interest story or pictures resulting from your volunteer activity?

I certify that I have volunteered for the hours indicated above during a 12-month period (April 1 - March 31) for this organization and have received no tangible benefit for my service. The organization is non-religious and non-political in nature.

Volunteer Signature (Associate/Spouse)

Date

## Non-Profit Organization Form

Complete this section with all applicable information (please print neatly), then forward the entire form to Honda Manufacturing of Indiana. **Incomplete applications will be returned to the organization and will delay processing.**

Organization Name

Primary Contact Name

Title

Street Address

City

State

ZIP

County

Phone Number

Website

Email Address

### SECTION MUST BE COMPLETED

Please provide percentage of the population your organization serves (must equal 100%)

#### Race/Ethnicity

African American: \_\_\_\_\_% Hispanic/Latino: \_\_\_\_\_% Caucasian: \_\_\_\_\_%

Asian American: \_\_\_\_\_% Native American: \_\_\_\_\_% Other: \_\_\_\_\_%

**Sex** Female: \_\_\_\_\_% Male: \_\_\_\_\_%

**Other** (Disabled/Elderly): \_\_\_\_\_%

Please specify: \_\_\_\_\_

Is your organization affiliated with a religious, political, professional or labor organization?

Yes  No

If "Yes," are your organization's services equally available to everyone in the community?

Yes  No

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or [hmin\\_cc@hmin.honda.com](mailto:hmin_cc@hmin.honda.com)
- Step 5** Upon verification of all eligibility information, Honda Manufacturing of Indiana will issue a check on behalf of the volunteer, minimum of 40 hours of volunteer service (maximum contribution - \$200 per volunteer, in 12-month period).

# HONDA

Honda Manufacturing of Indiana, LLC



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### Then Give it a GO!

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Is this with your BRG? If so, name of BRG \_\_\_\_\_

Associate Name \_\_\_\_\_

Associate Number \_\_\_\_\_

Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

My/Our volunteer activities with this organization have included:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If appropriate, can you provide a human-interest story or pictures resulting from your volunteer activity?

\_\_\_\_\_

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Volunteer Signature (Associate/Spouse) \_\_\_\_\_

Date \_\_\_\_\_

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

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

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ZIP \_\_\_\_\_

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**Sex** Female: \_\_\_\_\_% Male: \_\_\_\_\_%

**Other** (Disabled/Elderly): \_\_\_\_\_%

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Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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# of Hours Volunteered:

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# of Hours Volunteered:

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\_\_\_\_\_

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Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

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Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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# of Hours Volunteered:

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\_\_\_\_\_

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State \_\_\_\_\_

ZIP \_\_\_\_\_

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2755 N. Michigan Ave.  
Greensburg, IN 47240  
or [hmin\\_cc@hmin.honda.com](mailto:hmin_cc@hmin.honda.com)
- Step 5** Upon verification of all eligibility information, Honda Manufacturing of Indiana will issue a check on behalf of the volunteer, minimum of 40 hours of volunteer service (maximum contribution - \$200 per volunteer, in 12-month period).

# HONDA

Honda Manufacturing of Indiana, LLC



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### Then Give it a GO!

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**Honda Associate**  **Spouse**

Is this with your BRG? If so, name of BRG \_\_\_\_\_

Associate Name \_\_\_\_\_

Associate Number \_\_\_\_\_

Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

My/Our volunteer activities with this organization have included:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If appropriate, can you provide a human-interest story or pictures resulting from your volunteer activity?

\_\_\_\_\_

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Volunteer Signature (Associate/Spouse) \_\_\_\_\_

Date \_\_\_\_\_

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

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

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ZIP \_\_\_\_\_

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Please provide percentage of the population your organization serves (must equal 100%)

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**Sex** Female: \_\_\_\_\_% Male: \_\_\_\_\_%

**Other** (Disabled/Elderly): \_\_\_\_\_%

Please specify: \_\_\_\_\_

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Yes  No

If "Yes," are your organization's services equally available to everyone in the community?

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Dept. \_\_\_\_\_

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State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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# of Hours Volunteered:

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Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

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State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

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\_\_\_\_\_

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Primary Contact Name \_\_\_\_\_

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City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

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\_\_\_\_\_  
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Honda Manufacturing of Indiana  
Attn: Corporate Affairs  
2755 N. Michigan Ave.  
Greensburg, IN 47240  
or [hmin\\_cc@hmin.honda.com](mailto:hmin_cc@hmin.honda.com)
- Step 5** Upon verification of all eligibility information, Honda Manufacturing of Indiana will issue a check on behalf of the volunteer, minimum of 40 hours of volunteer service (maximum contribution - \$200 per volunteer, in 12-month period).

# HONDA

Honda Manufacturing of Indiana, LLC



### If you believe...

That **one person** can make a difference.

That **one hour** can change a lifetime.

That **one act of kindness** can impact a life forever.

That **one community** can touch the world.

### Then Give it a GO!

## HondaGO Volunteer Grant Request Form

**Volunteer:** Complete this section with all applicable information (please print neatly), then forward the entire form to the non-profit organization for completion.

**Honda Associate**  **Spouse**

Is this with your BRG? If so, name of BRG \_\_\_\_\_

Associate Name \_\_\_\_\_

Associate Number \_\_\_\_\_

Dept. \_\_\_\_\_

Spouse Name (if volunteered) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

My/Our volunteer activities with this organization have included:

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

If appropriate, can you provide a human-interest story or pictures resulting from your volunteer activity?

\_\_\_\_\_

I certify that I have volunteered for the hours indicated above during a 12-month period (April 1 - March 31) for this organization and have received no tangible benefit for my service. The organization is non-religious and non-political in nature.

Volunteer Signature (Associate/Spouse) \_\_\_\_\_

Date \_\_\_\_\_

## Non-Profit Organization Form

Complete this section with all applicable information (please print neatly), then forward the entire form to Honda Manufacturing of Indiana. **Incomplete applications will be returned to the organization and will delay processing.**

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

Primary Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Website \_\_\_\_\_

Email Address \_\_\_\_\_

### SECTION MUST BE COMPLETED

Please provide percentage of the population your organization serves (must equal 100%)

#### Race/Ethnicity

African American: \_\_\_\_\_% Hispanic/Latino: \_\_\_\_\_% Caucasian: \_\_\_\_\_%

Asian American: \_\_\_\_\_% Native American: \_\_\_\_\_% Other: \_\_\_\_\_%

**Sex** Female: \_\_\_\_\_% Male: \_\_\_\_\_%

**Other** (Disabled/Elderly): \_\_\_\_\_%

Please specify: \_\_\_\_\_

Is your organization affiliated with a religious, political, professional or labor organization?  Yes  No

If "Yes," are your organization's services equally available to everyone in the community?  Yes  No

Your below signature certifies: (1) the named individual volunteered the indicated amount of personal time to your organization, (2) the organization has 501 (c)(3) or (6) nonprofit, tax-exempt obligation, (3) the "HondaGO Volunteer" grant will not be used to fulfill personal pledge obligations or to otherwise directly benefit the HondaGO Volunteer or a member of the HondaGO Volunteer's family, (4) the organization has adopted, and adheres to, a written policy that prohibits discrimination against recipients of charitable services, volunteers, or in employment practices, on the basis of race, color, ethnicity, age, religion, sexual orientation, sex, gender identity, disability, national origin, ancestry, veteran or military status, marital status, family status, or genetic information and complies with all local, state and federal non-discrimination requirements. (5) your understanding that falsification of this document will result in an end to Honda grant opportunities for your organization, and for the purposes of this grant, Honda has the right upon a reasonable notice, to inspect the books and records of your organization to verify the above certifications.

Primary Contact Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a W-9 tax form and Statement of Non-Discrimination form and return with entire application to :**

Honda Manufacturing of Indiana  
Attn: Corporate Affairs  
2755 N. Michigan Ave.  
Greensburg, IN 47240

**Each volunteer must submit a volunteer form.**



## Making a difference takes only five simple steps...

### How do I become a HondaGO Volunteer?

- Step 1** Volunteer a minimum of 40 hours to an eligible 501(c)(3) or (6) organization.
- Step 2** Each Volunteer must complete the HondaGO Volunteer Grant request form (see other side).
- Step 3** Forward the entire form to the non-profit organization for which you volunteered.
- Step 4** The non-profit organization must complete their section of above mentioned form (see other side), provide a W-9 tax form and return all sections of the grant request to:  
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Attn: Corporate Affairs  
2755 N. Michigan Ave.  
Greensburg, IN 47240  
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Honda Associate  Spouse

Is this with your BRG? If so, name of BRG \_\_\_\_\_

Associate Name

Associate Number

Dept.

Spouse Name (if volunteered)

Street Address

City

State

Zip

County

Phone Number

Email Address

**Associate**

# of Hours Volunteered:

**Spouse**

# of Hours Volunteered:

My/Our volunteer activities with this organization have included:

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If appropriate, can you provide a human-interest story or pictures resulting from your volunteer activity?

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Primary Contact Name

Title

Street Address

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ZIP

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Website

Email Address

### SECTION MUST BE COMPLETED

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Asian American: \_\_\_\_\_% Native American: \_\_\_\_\_% Other: \_\_\_\_\_%

**Sex** Female: \_\_\_\_\_% Male: \_\_\_\_\_%

**Other** (Disabled/Elderly): \_\_\_\_\_%

Please specify: \_\_\_\_\_

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Yes  No

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Primary Contact Signature

Date

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