

## NON-PROFIT ORGANIZATION SECTION

### To be completed by Employee

Directions: Complete the information online at <http://ww7.i.moc.com/sites/volunteer> or return the completed application to Comerica, MC2250, P.O. Box 75000, Detroit, MI 48275.

Legal Name of the Non-Profit Organization

U.S.: Non-Profit Employer Identification Number (EIN) or  
Outside U.S.: Non-Profit's Identification Number or Registration Code

Mailing Address

City/State/Zip/Country

Website Address

Contact Name

Title

Phone

Fax

Email Address

## RETURN APPLICATION TO:

**Marathon Oil  
Volunteer Ambassador Program  
c/o Comerica  
MC2250, P.O. Box 75000  
Detroit, MI 48275**

**Telephone: 1-248-371-7260**

**Fax: 1-248-371-7272**

**E-mail: [marathonvap@comerica.com](mailto:marathonvap@comerica.com)**

In addition to this online submission process, volunteer grant requests can be printed and submitted by mail to the above address.

# Real Life REWARDS



  
**Marathon Oil**  
Volunteer Ambassador  
Program (MVAP)



# Marathon Oil Volunteer Ambassador Program (MVAP)

### Our Philosophy

When you volunteer at a non-profit, charitable organization, you have a bigger impact than you know. Through your time, experience and expertise, you share your enthusiasm and compassion, and Marathon Oil wants to help. Marathon Oil is proud to offer a Real Life Reward Marathon Oil Volunteer Ambassador Program to recognize, encourage and support the volunteer efforts of our employees around the world.

The program provides an annual \$500 contribution to qualified non-profit, charitable organizations where eligible Marathon Oil employees volunteer time outside of their normal work day. The program is designed to recognize and encourage volunteer involvement with community-based public charities in the locations where our employees live and work.

### How to Apply

- Upon completion of a minimum of 30 hours of eligible volunteer service annually, the employee completes the Employee and Non-Profit Organization sections of the application.
- The employee submits the completed application to Comerica, our program administrator.
- Applications are verified with the non-profit organization, and reviewed for accuracy and eligibility. Incomplete forms will result in ineligibility.
- Payments to non-profit organizations will be processed quarterly.

## GUIDELINES

### Eligibility:

- Regular, full-time and part-time employees of Marathon Oil with at least six months of service.
- One grant per calendar year.

### Ineligible Volunteer Service:

- Volunteer service during company-sponsored charitable events
- Volunteer service that directly benefits eligible participants and/or their families
- Volunteer service performed by family members other than the employee
- Anticipated volunteer service not yet performed or participation and/or pledges for “thon-type” activities (examples: walk-a-thons, bike-a-thon) are not eligible

### Eligible Organizations:

- Eligible U.S. organizations must be recognized by the Internal Revenue Service (IRS) as tax-exempt and designated as a public charity under Section 501(c)(3) of the IRS Code.
- Organizations outside the U.S. must be charitable in nature and adhere to the local laws governing non-profit organizations.

### Ineligible Organizations:

- Educational organizations (Universities or their equivalent, K-12 schools or their equivalent)
- Religious organizations such as churches, mosques and synagogues (except when the activities being sponsored by a religious organization are non-sectarian, such as soup kitchens, or shelters)

### Conditions:

- Grants may not be used to directly benefit volunteers or their families, i.e., tickets for fundraising events, membership dues or school tuition.
- Marathon Oil may suspend, amend or discontinue the program at any time and reserves the right to determine whether a grant shall be made based on eligibility or financial considerations.

## EMPLOYEE SECTION

### To be completed by Employee

Directions: Employee completes the volunteer information below and sends the completed application to Comerica, the program administrator, for validation.

Employee Number

Employee First Name, Middle Initial, Last Name

Hire Date

Business Unit or Department Name

Business Address, Include Room Number

Business City/State/Zip

Business Phone Number

E-Mail Address

Number of Volunteer Hours

Dates When You Volunteered

Why did you become involved with this organization? \*

What type of volunteer service did you provide? \*

I certify that the above information is true and that I have received no tangible benefit for my services.

Signature or E-Signature of Employee                      Date

\*If additional pages are required, email separately to marathonvap@comerica.com Include your name and organization name in the email.