



Community Outreach Fund

Saint Francis Hospital / Sponsored Mission Trips

The Community Outreach Fund was established to provide assistance to employees who volunteer to serve on Saint Francis sponsored medical missions in poor countries and in other areas following various disasters. Assistance may be either in the form of financial OR Earned-Time-Off (ETO) assistance. This fund is supported by monies raised through the Employee Spirit of Giving Campaign.

If you are interested in applying for either ETO or financial assistance toward room, board or travel, you must meet the following criteria:

- Be a Saint Francis *Care* employee;**
- Serve on a Saint Francis sponsored trip;**
- Have not applied for ETO or financial assistance under this program for two (2) years.**

Please note that if you are applying for ETO assistance, your total ETO balance must not exceed 2 weeks.

To apply for these funds, please complete the form below and return to [Gerald Galipeau, Executive Director, Mission Integration](#) at Gerald.Galipeau@stfranciscare.org or fax to (860) 714-8826



Community Outreach Application Form

Instructions:

This application is to be completed by the employee requesting either financial or ETO assistance through The Community Outreach Program. The Supervisor or Manager is to provide signature approval authorizing the employee the time away from work to participate in the Community Outreach Program. Please include receipts for travel expenses for reimbursement consideration and forward to Gerald Galipeau. For additional information please refer to HR Policy #26-10.

(Please print)

Name	EEID#	Date
Department/Unit:	Supervisor/Manager:	
Name of country traveling to:		
Dates of Travel:		

I have indicated below which assistance I am seeking:

ETO

 Total Hours requested:

~OR~

Financial Support

 *Amount \$ _____

 * Please describe how the funds will be used:
 • Room: _____
 • Board: _____
 • Travel: _____
 • Total: _____

Signature of applicant _____ Date _____

Signature of applicant manager _____ Date _____

As leader of this medical mission trip, I verify the accuracy of this request.

Signature of leader of the Mission Trip: _____

Date: _____