SALSA Volunteer Hours Report Form

Please bring to the monthly SALSA meetings at your school, or mail to:
SALSA
1000 N. West Avenue, Suite 310
Sioux Falls, SD 57104
Questions? Email salsa@helplinecenter.org

Name: _____ **School: BVHS JFHS LHS RHS WHS**
Graduation Year: _____ **E-Mail:** _____ **Phone:** _____

Volunteer Hours:

MM/DD/YR	Agency	Event/Duties/Projects	# of Hours (ex. 1.5 or 4.25)	Supervisor (signature preferred)

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