



SNHSA VOLUNTEER LOG

Date: _____

Name: _____ Email: _____ Phone: _____

Date	Start Time	End Time	Total Time	Description of Completed Work (i.e., location, supervisor, duties)	Supervising adult signature (Must be a SNHSA board member, independent of volunteer)

Many things can qualify for volunteering, just ask a board member what we need help with. You can accrue hours in fifteen-minute increments. If you have chosen to write a letter to a sponsor, please hand the letter to Annelise to send out. Two letters count for 15 minutes and a maximum of six letters can be sent per member.

Please return this form to: **Annelise Appleseth** or email to **ajaequestrian@gmail.com**