



SNHSA VOLUNTEER FORM

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 by the supervising SNHSA board member and 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 the day of the event to: **Annelise Appleseth, email to ajaequestrian@gmail.com or to the supervising Board Member**