



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) |
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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 them 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