SALSA Reflection Form

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: _____

Reminder - You must still submit a Volunteer Hours Report Form for your hours to be entered in the database for this event.

MM/DD/YR	Agency	Event/Duties/Projects
_____	_____	_____

Please answer the following questions with a minimum of 100 words per question:

1. Describe your volunteer activity/project.

2. Describe the impact this project had on our community.

3. Describe the impact this project has personally had on you (ex. a new way of thinking, a change of behavior in the future, etc.)