



**Serve and Learn Student Association**  
 Please return completed applications to:  
 SALSA - HELP!Line Center  
 1000 N. West Avenue #310  
 Sioux Falls, SD 57104  
 salsa@helplinecenter.org - www.helplinecenter.org  
 2-1-1 or 605-274-1409

**Applicant Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Applicant E-Mail Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Circle Correct Information:**      **School:** WHS LHS RHS JFHS BVHS OTHER  
**Gender:** Male Female  
**Current Grade:** 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
**Year of Graduation:** \_\_\_\_\_ (ex. 2014)

Primary Address	Alternate Address
Address:	Address:
City, State, Zip	City, State, Zip
Phone:	Phone:
Parent/Guardian Name:	Parent/Guardian Name:

I currently volunteer with: \_\_\_\_\_

As a SALSA volunteer, I will:

- \* Treat all youth and their talents/skills with respect, caring and acceptance.
- \* Provide a safe environment. I will not harm youth or adults in any way, whether through sexual harassment, physical force, verbal or mental abuse, neglect or other harmful experiences.
- \* Work as a “team player” for the good of SALSA while at SALSA meetings and SALSA events. This includes working in partnership with the SALSA Coordinator and the SALSA YAC.

My signature indicates my interest in becoming a member of SALSA. I acknowledge my responsibility as a representative of my school and the SALSA program, and agree to conduct myself in a positive manner while participating in all SALSA gatherings.

SALSA Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PARENTS/LEGAL GUARDIANS\*\***  
**PLEASE COMPLETE THE REMAINDER OF THIS FORM ON THE BACK SIDE.**

**THIS SIDE TO BE COMPLETED BY A PARENT OR LEGAL GUARDIAN**

**EMERGENCY CONTACT INFORMATION**

**Daytime / weekdays**

**Evenings and weekends**

Name:	Name:
Phone number:	Phone number:

**PERMISSIONS – Please initial each topic to indicate your permission, or leave blank to deny permission.**

**Publicity Release** - SALSA members may be involved with newspaper, radio, television features and public service announcements. Your initials indicate your permission to include your child in photographs and recordings. \_\_\_\_\_

**Lions Club** - I give my permission, and indicated by my initials, for the HELP!Line Center to release my child's SALSA contact information to the Lions Club. SALSA is the Leo club of the Lions and they would provide information upon graduation about staying involved with their service organization. Names may also be given to Lions International for membership reporting purposes. \_\_\_\_\_

**Texting** - Please initial, if you would like your child to receive texting reminders (meeting times, etc) \_\_\_\_\_  
Who is your cellphone provider? (ex. AT&T, Verizon –necessary for our system of texting) \_\_\_\_\_  
Verify which phone number you would like the texts sent to \_\_\_\_\_

**Facebook** - SALSA uses Facebook as a communication tool to reach our students with information regarding upcoming events and volunteer opportunities.

**Potential Concerns** - Please describe anything that may restrict your child from participation in certain activities. Please list allergies, physical limitations and any health condition requiring on-going medical supervision (ie. diabetes, epilepsy, etc.) If there are any changes, please notify the SALSA Coordinator. \_\_\_\_\_

**Participation** - As the parent/guardian of \_\_\_\_\_, I give him/her my permission to participate in the Serve and Learn Student Association. \_\_\_\_\_

**Liability/ Medical Treatment** - I release the HELP!Line Center and participating organizations from liability and responsibility for any loss or injury connected with his/her participation. If an emergency should occur, I give permission for necessary medical treatment.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Insurance Carrier & Phone Number: \_\_\_\_\_

**Parental E-Mail** - Please provide a parent/guardian email address if you would like a copy of the weekly volunteer opportunities. E-Mail Address: \_\_\_\_\_



For Office Use Only:

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_