



Youth Action Council Letter of Recommendation

Please return completed applications to:

SALSA - HELP!Line Center
1000 N. West Avenue #310
Sioux Falls, SD 57104

salsa@helplinecenter.org - www.helplinecenter.org - 605-274-1409

Applicant's Name: _____ Grade: _____

Address: _____

Phone: _____ E-mail: _____

To the Applicant: This form needs to be completed by an adult in your school or the community based organization with which you are involved.

To the Reference: Please return this form and your letter (if you've written one) in a sealed envelope to the HELP!Line Center at the address on the top of this form. If you have questions, please contact SALSA at (605)274-1409.

Name: _____

Title: _____ Work Phone: _____

School or Organization: _____

School or Organization Address: _____

Brief description of the school or organization:

Please answer the following questions (use the back of this sheet if needed):

- 1) In what capacity and for how long have you known the applicant?

- 2) Why would this applicant be a good Youth Action Council member? What strengths do you think this applicant brings to the leadership role?

Signature: _____ Date: _____