



## Youth Team/Group Volunteerism Sponsorship Program (Encouraging youth involvement in their communities)

With our youth volunteer program, we will give \$15.00 per hour of volunteer work (for each youth volunteer) up to a maximum of \$300.00 per team/group per season. The application form below will need to be filled out and submitted to the Bank's Charitable Giving Committee.

If your team/group is in need of volunteer opportunity ideas, please visit the Helpline Center's website at [www.volunteer.helplinecenter.org](http://www.volunteer.helplinecenter.org) for ideas.

Thanks for helping us promote volunteerism in our communities, and, please let us know if you have any questions!

### Requesting Group Information

Date of Request: \_\_\_\_\_ **\*Volunteer time must be completed within two weeks of contact.\***

Name: \_\_\_\_\_ Teacher, Coach, or Parent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Purpose for Request: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Total Amount Requested (max \$300): \_\_\_\_\_

Checks payable to: \_\_\_\_\_

Volunteering that was completed: \_\_\_\_\_

What difference did it make to the community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Helpline Center

[www.helplinecenter.org](http://www.helplinecenter.org) | (605) 274-1407

Referral Agency: \_\_\_\_\_  
(Registered 501-C3)

### Sign-off of Agency or Entity Accepting Volunteer Hours

Total Hours Worked: \_\_\_\_\_ Date of Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person's Phone No.: \_\_\_\_\_ Project Supervisor's Signature: \_\_\_\_\_

Agency or Entity Name: \_\_\_\_\_

Return completed form to Alisha Palmer by email to [aapalmer@fnbsf.com](mailto:aapalmer@fnbsf.com)  
or mail to PO Box 5186, Sioux Falls, SD 57117-5186.

