

In the Name of God, Most Gracious, Most Merciful
SACRAMENTO AREA LEAGUE OF ASSOCIATED MUSLIMS (SALAM)

SALAM Volunteer Work Completion Form

Volunteer Contact Information	
Name	
Street Address	
City, State, ZIP Code	
Phone Number	
E-Mail Address	

Volunteer Activity Record (to be completed by SALAM Committee Chair or Program/Project Manager)						
Committee/Program/ Project/Job/Activity	Committee Chair or Program/Project Manager Name	Signature	Phone	E-mail	Hours	Year/Period

SALAM Membership Requirement

If you are using this form to obtain a SALAM membership fees waiver, a minimum of 20 hours of volunteer work is required during each calendar year. Please contact SALAM Membership Committee Chair if you have any questions.

Agreement and Signature	
By submitting this form, I affirm that the facts set forth in it are true and complete.	
Name	
Signature	
Date	