

# YOUTH MENTORSHIP PROGRAM VOLUNTEER REPORT FORM

1. Name of school or group. \_\_\_\_\_
2. Number of participants. \_\_\_\_\_
3. Grade or age of participants. \_\_\_\_\_
4. Description of program offered. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of program. \_\_\_\_\_
6. Your name. \_\_\_\_\_
7. Kit # \_\_\_\_\_

Please fill out the above report within one week of the program and mail to:

Bob Holtz  
668 Overlook Drive  
Roseville, MN 55113-2177

Questions? Call 651-484-8832 or e-mail [BobHoltz1933@aol.com](mailto:BobHoltz1933@aol.com).