

South Dakota Game, Fish, and Parks
 HuntSAFE program
 412 W. Missouri, Pierre, SD 57501

Volunteer Time Record

LEGAL Facility Name: _____

Facility Address: _____

(City)

(County)

NOTE: YOU MUST
 SUBMIT THIS FORM WITH
 THE ROSTER AT THE END
 OF CLASS.

CLASS DATE(S) _____ TOTAL CLASS & RANGE HOURS: _____ / _____
(Class) (Range)

Please record preparation time, travel time to and from classes and teaching time. This is required for Federal Funding!

Inst. #	Print Instructor Name	Instructor Signature	Prep/Travel Time	Class/Range Time

TOTAL # OF INSTRUCTOR HOURS (Sum of columns) =

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In compliance with the Code of Federal Regulations, (43 CFR 17), which effectuates Title VI of the 1964 Civil Rights Act in the Department of the Interior's Federally assisted programs, we ask that the Instructor complete the following information through personal observation.

Number of Students:

_____ **TOTAL # STUDENTS** _____ **Males** _____ **Females**
 _____ White _____ Native American/Alaska Native
 _____ Black _____ Asian American/Pacific Islander
 _____ Hispanic _____ Other

Through visual assessment, the above information is correct to the best of my knowledge.