

Delaware Volunteer Credit Student Contract

(*Optional – For Counselor Records)

I, _____ Grade _____ at _____

(Student's Name)

(School Name)

Student agrees to participate in the following community service activities:

Student will report to _____ beginning on _____
Agency/Organization Name _____ Date _____

Day(s): _____ Time(s): _____

Day(s): _____ Time(s): _____

Day(s): _____ Time(s): _____

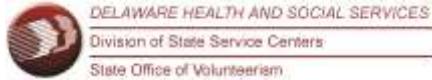
Student's Signature: _____ Phone: _____
Signature/Date

Agency Supervisor Signature: _____ Phone: _____
Signature/Date

School: _____

School Official Signature: _____ Phone: _____
Signature/Date

Revised 2/2/18



If you have any questions, contact State Office of Volunteerism
Kent County (Phone) 302-857-5006 (Fax) 302-857-5041
New Castle County (Phone) 302-255-9899 (Fax) 302-255-4462

Delaware Volunteer Credit Program Volunteer Hours Form

(Optional – For use by student at volunteer site)

Name of Volunteer _____
Month/Year: _____

Home Phone Number: _____ Page: _____ of _____

Site Supervisor: _____ Date: _____ Total Hours _____

Agency Name: _____ Phone Number: _____ Date: _____

Revised 2/2/18



DELAWARE HEALTH AND SOCIAL SERVICES
Division of State Service Centers
State Office of Volunteerism

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Delaware Volunteer Credit Program Volunteer Service Verification Form

Student Name	Grade	Home Address	Home/Cell #
School Name/Address	ID #	School Official	Telephone # Fax #
Agency and Address Dates Served: From _____ to _____	Total Hours	Site Supervisor Date	Telephone # Fax #
Agency and Address Dates Served: From _____ to _____	Total Hours	Site Supervisor Date	Telephone # Fax #
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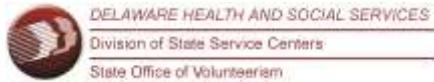
Submit by: Must be postmarked no later than April 15th. If April 15th falls on a weekend the deadline is extended to the following Monday.

MAIL OR FAX TO:

State Office of Volunteerism
Attn: Delaware Volunteer Credit
1901 North DuPont Highway
Charles Debnam Building
New Castle, DE 19720

FAX: 302 255-4462

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