

**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:

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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



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

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: \_\_\_\_\_

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Date	Time Arrived	Time Left	Volunteer Hours

Site Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Total Hours \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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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 #
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 #

**Submit by: Must be postmarked no later than April 15<sup>th</sup>. If April 15<sup>th</sup> 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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