

**Delaware Volunteer Credit Program
Completion Verification Form**

Student	Grade	Home Address	Home Telephone # Alternative #
School/Address	ID #	School Official	Telephone # Fax #
Agency	Hours	Site Supervisor <small>(signature at "X" please)</small> Date X	Telephone # Fax #
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Student: Submit to High School Guidance Office

High School Guidance Office: mail by April 15



Delaware Health & Social Services
Division of State Service Centers
State Office of Volunteerism

**MAIL TO: Volunteer Resource Center
State Office of Volunteerism
1901 North DuPont Highway
Charles Debnam Building
New Castle, DE 19720
1-800-815-5465
(302) 255-4462 (FAX)**