



Community Service Hours Form

Name of Volunteer: _____ Date(s) Volunteered: _____

Name of Supervisor for Volunteer Activity: _____

Supervisor Email: _____ Supervisor Contact Number: _____

Description of Volunteer Tasks/Activities:

Total Number of Hours Spent Volunteering: _____

Donielle Watkins, Director of the D.R.E.A.M.S. Foundation of Acadiana

Date



1-318-610-0707



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