



## Confirmation 1 & 2 Service Project Form

*[To be completed Candidate]*

Name: \_\_\_\_\_ C1 or C2: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/ Business: \_\_\_\_\_

Organization Supervisor: \_\_\_\_\_

Time & Hours: \_\_\_\_\_ *(minimum of 3 hours)*

Brief description of Service Project: *(completed by teen)*

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Which Corporal or Spiritual Work of Mercy does this Service Project relate to? How do you feel you have been the hands and feet of Jesus Christ? *Why? (completed by teen)*

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### To be completed by Organization's Supervisor:

Name of Organization Supervisor: \_\_\_\_\_

Contact Info: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

*I verify that \_\_\_\_\_ completed the above Service Project:*

Total Hours Completed: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_