

CONFIRMATION SERVICE HOURS

Student Name _____ **Grade** _____ **Phone #** _____

Date	What Type of Work did You Do?	# Hours Worked	Organization Where You Volunteered	Name, Signature & Phone Number of Adult Who Supervised your Volunteer Service at That Organization	
				Printed Name and Signature	Phone Number

TOTAL HOURS _____

You'll need to obtain a signature every time you volunteer. Make a copy of this form for your records and turn in the original signed version to your Religious Education Teacher!