



SACRED HEART PARISH
CONFIRMATION PROGRAM
Parish or Community Service Verification Form

Please submit this form to Director of Religious Ed after completing your hours.

Student's Name: _____

Agency or Project: _____

Date: _____ # of Hours: _____

Name of Supervisor: _____

Description of Activity: _____

I certify that the student listed above has satisfactorily completed the hours of service to our agency on the dates listed above.

Signature of Supervisor

Date

Please include the following information:

The Corporal Work of Mercy your service applies to is:	
<input type="checkbox"/> Feed the Hungry	<input type="checkbox"/> Give Drink to the Thirsty
<input type="checkbox"/> Shelter the Homeless	<input type="checkbox"/> Clothe the Naked
<input type="checkbox"/> Care for the Sick	<input type="checkbox"/> Help the Imprisoned
<input type="checkbox"/> Bury the Dead	

Please answer the following when all of your service is done for Grade 9/10:

Have you seen God in the people you've met? If so, describe when this happened. Has your faith changed or been challenged as a result of your experience? If so, how? *Feel free to continue your answer on the back of this sheet*