

Service Hour Form

Name of Candidate: _____

Number of hours and date performed: _____

Business/Organization name: _____

Specific task performed: _____

Name of Supervising Adult: _____

Contact Phone Number for Supervising Adult: _____

Signature of Candidate:

Signature of Supervising Adult:

Return this form to Mr. & Mrs. Flynn in person at a Confirmation meeting or send them to the Parish Office addressed to Youth Ministry.