



## 2019-20 Confirmation Service Project Record

Name: \_\_\_\_\_

Confirmation Year 1 or Year 2: \_\_\_\_\_

Approved Service Name: \_\_\_\_\_

Location: \_\_\_\_\_

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

Duration (2 hours total required): \_\_\_\_\_

What was your experience like?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Adult Supervisor: \_\_\_\_\_

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

*\*Service should be outside your family and **with** established organizations. Babysitting family members or chores do not constitute service for Confirmation. If you have any questions, please get your service idea approved by Fr. Ryan PRIOR to completing the hours. You can email him at [rcasey@sp-apostle.org](mailto:rcasey@sp-apostle.org)*