

Saint Joseph Parish

and Mission Church of St. Vincent de Paul

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CONFIRMATION PROGRAM SERVICE HOURS FORM

make sure all parts are filled out

Student Name: _____ YEAR 1 YEAR 2

Service Project Name: _____

Date of Service Project: _____ # of Hours: _____

Name of Organization: _____

Name of Volunteer Coordinator: _____

Signature of Coordinator: _____

Volunteer Coordinator Contact (email or phone number): _____

Describe what you did during this service project: _____

What did you learn through this experience? _____

Choose 1 reading to reflect on: You may choose a verse of your own (if so, please label).
Explain it in your own words in relation to the importance of serving others:

Luke 9: 23-25, John 15: 9-14, 16-18, Matthew 28: 16-20, 1 Corinthians 12
(continue on back if needed)
