



SAINT JOSEPH CHURCH

24 Halsted Street - Newton - New Jersey - 07860

Confirmation Service Hours – Verification Form

Student's Name: _____

of service hours performed: _____ **Date of service:** _____

Please list the service(s) you performed: _____

Name and location of organization you volunteered at: _____

Please print the person's name who supervised your service and then ask them to sign below:

(PRINT Supervisor's name)

(Supervisor's Signature)



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