

Confirmation Service Hours Form

Student name: _____

Type of Service (circle one) Church Community Family

Date(s): _____

Number of hours: _____

Describe your responsibilities: _____

What did you learn from your experience? _____

Has this experience changed you? How?

Which Corporal Work of Mercy was practiced through this service?

Supervising Adult Signature
(or Parent Signature): _____

Student Signature: _____