

CONFIRMATION SERVICE HOURS  
SAINT JOSEPH CATHOLIC CHURCH  
2017-2018

STUDENT'S NAME: (PRINT) \_\_\_\_\_

SERVICE PROJECT \_\_\_\_\_

DATE OF SERVICE \_\_\_\_\_ HOURS WORKED \_\_\_\_\_

ADULT SUPERVISOR \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

SERVICE PROJECT DESCRIPTION: \_\_\_\_\_  
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