

Confirmation Service Hours

Confirmation Candidate Name:

Supervisor Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Volunteer Activity

Please provide information regarding candidates service hours

_____ Date(s) of Service

_____ Number of Service Hours

_____ Activity

Description

Please describe the details of the volunteer activity and which gift of the Holy Spirit was represented with performing the activity

Signature

Please sign in the space provided that you supervised the above named Confirmation candidate in the activity listed above.