ST. CATHERINE OF SIENA
A ROMAN CATHOLIC PARISH of PRAYER AND FRIENDSHIP

Confirmation Service Hours Reporting form
20 hours total requirement

Student's Last Name First Name Confirmation year

Service #1

Who was the service for: _____

Date of service **# of hours served**

In a few sentences please explain (feel free to continue on the back of the page):

- What did you do for this service?
- What you got out of this opportunity...
- How did you make a difference?
- When one gives, they receive. What did you receive?

Signature of person receiving service **Phone #**

Service #2

Who was the service for: _____

Date of service **# of hours served**

In a few sentences please explain (feel free to continue on the back of the page):

- What did you do for this service?
- What you got out of this opportunity...
- How did you make a difference?
- When one gives, they receive. What did you receive?

Signature of person receiving service **Phone #**

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