

**THE CATHOLIC COMMUNITY OF SUMTER
CONFIRMATION SERVICE HOUR FORM**

STUDENT NAME _____

DATE OF SERVICE _____ **NUMBER OF HOURS SERVED** _____

NAME AND LOCATION WHERE SERVICE WAS PERFORMED

BRIEF DESCRIPTION OF SERVICE (please print legibly)

SUPERVISING ADULT (please print) _____

SIGNATURE OF SUPERVISING ADULT _____

PHONE NUMBER OF SUPERVISING ADULT _____
*Please note all service is subject to approval

APPROVED/DISAPPROVED _____ **DATE** _____

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