

St. Joseph / St. Mary Parish
Community Service Record - Confirmation

CONFIRMATION STUDENT: _____

PHONE #: _____

1. Name and Address of group/agency where service will be performed/provided:

Supervisor of activity: _____

Group/Agency phone number: _____

2. Describe the nature of your service and the benefits to the community or group:

THE FOLLOWING SECTION MUST BE COMPLETED BY SITE SUPERVISOR

I certify that _____ has completed _____ hours in the service described above.

Date(s) of service:

Start date: _____

End Date: _____

Hours served: _____

Supervisor's Name (printed)

Supervisor's Signature

Supervisor's Position/Title

Date