

## OUR SAVIOUR'S CATHOLIC COMMUNITY CONFIRMATION SERVICE HOURS LOG

(A minimum of 10 hours of service is required.)

NAME: _____	PHONE: _____
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I am currently attending \_\_\_\_ Grade at \_\_\_\_\_ School

**Return at by March 13, 2011.**

**This section is to be filled in each time service is completed and verified by an adult other than participant's parent.**

Date of Service	Start Time	End Time	Hours Served	COMMUNITY SERVICE PERFORMED	Signature of person authorizing service
<b>TOTAL HOURS:</b>				Hours must be listed by whole or half hour increments.	

Student Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_