



OLS Parish School of Religion
Confirmation Service Hour Form
Chose one Service Project and write a reflection

Name: _____

Service Project: _____

Agency or group benefited: _____

Date(s) completed: _____

In space below, please elaborate on the work/service you did for the project:

Reflecting upon this experience how did participating in the service help me live out the Gospel message?

Signature of adult supervisor: _____

Printed name: _____

Supervisor's title or position: _____

Service Hour Form

Record your service hours. Attach another sheet if needed.

Service Project: _____

Date: _____

Hours: _____

Supervisor's signature: _____

Service Project: _____

Date: _____

Hours: _____

Supervisor's signature: _____

Service Project: _____

Date: _____

Hours: _____

Supervisor's signature: _____

Service Project: _____

Date: _____

Hours: _____

Supervisor's signature: _____

Service Project: _____

Date: _____

Hours: _____

Supervisor's signature: _____

TOTAL HOURS: _____