COMMUNITY SERVICE HOURS VERIFICATION FORM

Student Name _____ Grade _____ Teacher's Name:_____

Place of Service	Supervisor's Name	Supervisor's Phone No.	Type of Service Performed	Date(s) of Service	Total Service Hours Completed	Signature of Supervisor

- **20 Service Hours are required for those in 1st Year and 2nd Year of Confirmation Preparation.**
- You may use the same service hours required by your high school to fulfill your Confirmation Service Hours requirement.
- THIS FORM MAY NOT BE SIGNED BY A RELATIVE

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