

Rite of Confirmation

Confirmation Service Hour Form

Name: _____

Year in Confirmation formation: first _____ second _____

Phone: _____

Date of the Service Project: _____, 201__

Hours of service for this project: _____

PERSONAL _____

COMMUNITY _____

PARISH _____

Instructions: Please list the activity you are reporting. Explain what you did, what you learned and how your faith was affected by your service. **Have the activity supervisor sign the form and provide their telephone number.** Turn in the activity to the Youth Ministry Secretary's office at your earliest convenience or at your next class.

Activity:

What I learned and how my faith has been affected:

Activity Supervisor Signature:

Phone number: _____

Please turn this form into the Youth Ministry office or it may be faxed to (317) 849-9388 to the attention of Office of Youth Ministry.