St. Robert’s Confirmation Program
Service Hours

Candidate’s Name: ________________________________________________

Name of Organization: _____________________________________________

Date of Service: _____________________  Time: ____________________

Number of hours completed: __________  Category: _________________________________

__________________________________  ____________________________________
Supervisor’s Signature  Parent’s Signature

______________  ______________________
Supervisor’s Phone Number

Please answer the following questions:

1. **What** did you do and **why** did you choose this activity? (Be specific)

2. How was this of service to your community?

3. Do you think your service made a difference to the people you interacted with?
   Why or why not.

Reminder:
6 Service hours due by January 28, 2020
All hours due by April 21, 2020