St. Robert's Confirmation Program
Service Hours

Candidate's Name: _____

Name of Organization: _____

Date of Service: _____ Time: _____

Number of hours completed: _____

_____ _____
Supervisor's Signature Parent's Signature

_____
Supervisor's Phone Number

Please answer the following questions:

1. Why did you choose this project for your service?

2. What did you learn from your service activity?

3. How can you apply what you learned to your daily life or how can you continue this form of service in the future?