

CONFIRMATION 2019-2020

Community Service Hours Form

Student Name _____

Service Location _____ :

Supervisor's Name _____

Supervisor's Signature and date _____

Dates and Number of Hours Served

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4) What did you do ?

_____	_____
_____	_____
_____	_____

5) What did you learn ?

_____	_____
_____	_____
_____	_____