

St. Philip's Confirmation Service Hours

Please return to the "completed forms" tray at the Welcome Center.

Student Name: _____

Date(s): _____

Grade: _____ Confirmation Teacher: _____

Event/Place of service (include phone # if not affiliated with St. Philip's):

Supervisor/Parent: _____

Category (circle one): Church / Community

Description of service and student comments:

Hours worked: _____

Supervisor/parent signature and comments: