SPLC Confirmation Service Hours

Student Name _____ Date _____

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

Description of Service Event:

Number of Hours:

Who did this service project help? (community, church, etc.)

Is this a service event that you would volunteer for again? Why or why not?

Reflection: What did you learn about yourself, others, or God through this project?

Parent/Supervisor _____ Date _____