

Saint Mary Faith Formation Office
Confirmation Program



Service Hour Information Form

All candidates must have their volunteer service approved before they begin their service.

Candidate's Full Name: _____ Date of service: _____ Total Hours: _____

Name of Organization _____ Telephone: _____

Name of Contact: _____ Position/Title: _____

Signature of Contact Person _____

1. What was the service you provided?

2. Why did you choose this project _____

3. To whom and how did your service make a difference?

4. How do you feel this service helped you to become a more involved follower of Jesus?
