

SAINT EDWARD THE CONFESSOR PARISH
RELIGIOUS EDUCATION OFFICE
CONFIRMATION PROGRAM

COMMUNITY SERVICE VERIFICATION

Student's Name: _____

Address: _____

Phone Number: _____ Grade: _____

Current Confirmation teacher (Spring Semester): _____

Location for community service: _____

Brief description of the service rendered:

On the back of this sheet, please offer your reflection of what you have learned or gained from this experience. How has this experience helped you grow in your knowledge or understanding of the Christian faith and the life of the Catholic Church? (To be completed prior to being signed by the supervisor!)

Number of hours of service at this location: _____

Signature of supervisor: _____ Date: _____

Supervisor's comments about service rendered: _____
