

CONFIRMATION SERVICE HOURS VERIFICATION

**Date(s) of Service:** \_\_\_\_\_

**Candidate's Name:** \_\_\_\_\_

**Agency**

**Served:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Candidate has complete \_\_\_\_\_ hours of service.**

**The service performed was** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional**

**Comments** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Supervisor's Title:** \_\_\_\_\_

*Please return to Mr. Zach Wood, Director of Faith Formation*

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*Please return to Mr. Zach Wood, Director of Faith Formation*