St. Philip & St. Augustine Catholic Academy Confirmation Preparation Program

**Confirmation Service Hour Log**

**Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10 Hours to Community, 5 Hours to Church, 10 Hours to School, 5 Hours for Family**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What service did you perform?** | **Where did you do the service?** | **Whom were you helping? Parish, Community, Family, School** | **# of Hours** | **Date of Your Service** | **Supervisor Signature** | **Supervisor Phone Number** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please choose 2 of your service activities each quarter and write/type a few paragraphs on how these services helped you prepare for Confirmation.**