



Confirmation Service Hours Report
Faith Lutheran Church



Student's Name _____

Day and date of service work: _____

Where did you do this volunteer work? _____

Time worked: _____ **Total hours:** _____

Job description: (What did you do?) _____

What did you like about doing this as a service? _____

Signature of adult supervisor _____

Supervisor's phone number: _____

Please complete this form and return it to the confirmation box.



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