

Immaculate Conception Community Service Record

Confirmation Year: _____

Name: _____

Grade: _____ Teacher _____

Phone: _____ Email address: _____

Date of Service	Number of Hours	Description of Service	Signature of Supervisor/ email or phone

Total Hours	Parent's Signature:
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**Please hand in form as you go along. 20 hours are required for Confirmation.
Parents, please keep a copy for your records.**