

St. John XXIII Fontana Confirmation Ministry

Service Hours Verification Form

For Student

I, _____, did _____ service hours for the
(your first and last name) *(number)*
event/duties _____ with the group/organization
(event/activity name)
_____ on the date _____.
(name of group or organization you volunteered with) *(date/dates of service)*

For Supervisor

First and Last Name (Print) _____

Signature _____ Date _____