

Confirmation
St. Therese Parish

OFFICIAL SERVICE DOCUMENTATION FORM

Academic Year: _____ Semester: Fall Spring

Student Information: *Please Print Clearly*

Name: _____
First Last

NON-PROFIT ORGANIZATION INFORMATION- *Please Print Clearly*

Non Profit Name: _____ Supervisor's Name: _____

Address: _____
Street City State Zip

Organization Phone Number: _____

Description of Service Work: _____

Dates Worked
(Month/Day/Year)

Hours Worked
(No half hours or minutes accepted)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Service Hours: _____

Supervisor's Signature: _____ Print Name: _____ Date: _____

Student's Signature: _____ Print Name: _____ Date: _____

Parent's Signature: _____ Print Name: _____ Date: _____