



CONFIRMATION SERVICE HOURS FORM

LIFE TEEN YEAR ONE - TEEN MUST COMPLETE AT LEAST 4 HOURS OF SERVICE.

Hours subject to approval

DATE: _____

TO: Shelly Wilson, Confirmation Coordinator

This is a summary of the Service Project hours completed by:

_____ on _____ for
Name of Teen Date(s) work completed

Name of Organization, Ministry, or Individual

Please explain work completed:

The teen named above volunteered _____ hours of service to our organization/ministry.

Signature of Organization or Ministry Representative Phone Number

Printed Name of Organization or Ministry Representative