

ST. MARY CHURCH

CONFIRMATION VOLUNTEER SERVICE FORM

INFORMATION OF VOLUNTEER

FIRST AND LAST NAME: _____

ADDRESS: _____

PHONE: _____

DESCRIPTION OF SERVICE

LOCATION OF SERVICE: _____

DATE OF SERVICE: _____ NUMBER OF SERVICE HOURS: _____

BRIEF DESCRIPTION OF SERVICE PROVIDED: _____

SUPERVISOR NAME: _____ PHONE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____