

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: \_\_\_\_\_