

**Blessed Sacrament Confirmation Program
Service Hour Form**

*You are required to perform **one** service hour that is at the parish or with a parish-associated program (such as with Society of St. Vincent de Paul).*

Student Name: _____ Date of Service: _____
Type of Activity: _____
Hour(s) served: _____

1. Describe the activity in which you participated.

2. Explain what you learned from your participation in this activity

To be completed by Activity Supervisor
Supervisor's Name: _____
Phone Number _____
Supervisor's evaluation of student's overall contribution (check one): <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Comments _____ _____ _____ _____
Supervisor's signature _____