

Confirmation Service Hours

Student Name: _____ Grade: _____ Teacher: _____

**** Please fill out the following if you served through Lutheran Church of the Redeemer:**

Describe the Service Performed: _____

Date of Service: _____ Number of Hours: _____ Supervisor Signature: _____

Did you do these hours on a Sunday morning? **YES NO** If so, which worship service did you attend? _____

Did you do these hours with your family? **YES NO** If on a Sunday morning, which worship service did they attend? _____

**** Please fill out the following if you served through an outside organization:**

Describe the Service Performed: _____

Date of Service: _____ Number of Hours: _____ Supervisor Signature: _____

Name of Supervisor: _____ Supervisor Email/Phone #: _____

Did you do this service with your family? **YES NO**