



St John the Baptist Catholic Church  
307 Montrose Drive, Folsom, CA 95630  
(916) 985-7338 [www.folsomcatholic.org](http://www.folsomcatholic.org)

## SERVICE HOURS VERIFICATION FORM

Student's Name: \_\_\_\_\_

Circle your current Year: 6<sup>th</sup> Grade      1<sup>st</sup> Year Confirmation      2<sup>nd</sup> Year Confirmation

Type of service or Name of activity: \_\_\_\_\_

Address/Location of the Service: \_\_\_\_\_

Phone Number of the Service Location: \_\_\_\_\_

Date of Service: \_\_\_\_\_

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This section is to be completed by the person supervising the service. Please fill out all information.

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Signature of Adult Supervising the Service: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

[Type here]

Why did you pick this service?

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What were your responsibilities?

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Who benefited from your service?

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What gifts and talents did you bring to this service activity?

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How did your service activity respond to Jesus' call for us to serve others?

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Did this service work make you think about what God might be calling you to do in the future?

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Did this service work bring you closer to Jesus?

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Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

[Type here]