

## Confirmation Evangelization Hours Reporting Form

Candidate's Name: \_\_\_\_\_

# of Hours Served: \_\_\_\_\_ Date Service Performed: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Brief Description of Service:

---

---

---

---

\*\*\*Please submit to Amanda Koppes to receive credit for hours served\*\*\*

Amanda Koppes \* Senior High Youth Minister \* [amandak@hfkparish.org](mailto:amandak@hfkparish.org) \* 425-822-0295 x108