

Confirmation Ministry 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 * 425-822-0295 x108