

St. Kilian Confirmation Service Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Served: \_\_\_\_\_

Service Program/Agency(who did you help): \_\_\_\_\_

Name of Supervisor/Adult: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What impacted you the most when doing this service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remember: Service events can only be done at St. Kilian's or a pre-approved location to qualify!

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Date: \_\_\_\_\_ Hours Served: \_\_\_\_\_

Service Program/Agency(who did you help): \_\_\_\_\_

Name of Supervisor/Adult: \_\_\_\_\_

Description of Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What impacted you the most when doing this service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remember: Service for Year 1 can only be done at St. Kilian's or a pre-approved location to qualify!