



8100 Chapman Avenue Stanton, California 90680-3792 (714) 893-2766 • FAX (714) 898-6675

Confirmation Service Hours:

Student Name: _____ Confirmation Year 1 or 2 (Circle) Teacher Name: _____

Date:	Type of Service:	Hours:	Advisor Signature:

Reflection: (Describe your experience by talking about things you may have learned, emotions you may have felt, and gifts you may have given of yourself or received from others): _____

For every hour completed, have the responsible teacher/advisor sign this timesheet. Documentation from outside agencies should be secured upon the completion of your service.