

Community Service Hours
Church of the Resurrection – PREP Confirmation

Student's Name: _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____

Service: _____

Date of Service: _____ **Total Hours:** _____

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____ **Email:** _____