

*St. Elizabeth Ann Seton Confirmation Program
Service Hours*

SERVICE REPORT

Student's Name _____

Date of Service _____

Name of Service Organization _____

Please describe the type of service you performed: _____

What did you like the best and the least about the service? _____

What did you learn from this service? What insights did you gain? _____

Will you perform this service again? Why or why not? _____

Number of Hours Served: _____

Supervisor's Signature: _____

Phone number: _____