

**Christ the King Confirmation Program
Service Hour Evaluation**

Name of Confirmation Candidate: _____ Grade _____

Place of Service:

Address _____ Zip _____ Phone _____

Agency Contact Person _____

Briefly describe duties performed:

Date(s) service hours were performed:

Number of service hours provided:

Please share your reflections concerning your service hours:

I hereby certify that _____ has completed the service hours described above.

Signature _____ Date _____