

CONFIRMATION VOLUNTEER HOURS

Name _____

SJE School or RE _____

Hours volunteered _____

Description of work performed _____

Chairperson's Signature _____ Date _____ Phone _____

Hours volunteered _____

Description of work performed _____

Chairperson's Signature _____ Date _____ Phone _____

Hours volunteered _____

Description of work performed _____

Chairperson's Signature _____ Date _____ Phone _____

Hours volunteered _____

Description of work performed _____

Chairperson's Signature _____ Date _____ Phone _____

Hours volunteered _____

Description of work performed _____

Chairperson's Signature _____ Date _____ Phone _____

TOTAL NUMBER OF HOURS VOLUNTEERED: _____

THE ABOVE HOURS AND SIGNATURES ARE CONSIDERED VALID WITH THE APPROVAL OF THE OFFICE OF RELIGIOUS EDUCATION/FORMATION.

Total Hours Needed: 12
Due Date: August 1, 2012