

Transfiguration Confirmation Service Hours

Student's Name _____
Agency/Place of Service _____
Address: _____
Contact/Supervisor: _____
Phone Number: _____ E-mail Address _____
Brief Description of Service _____
Total Hours _____
I affirm that the student named above gave their time freely and received no compensation for their work.
Supervisor's Signature: _____ Date: _____
Supervisor's Name (please print): _____

Transfiguration Confirmation Service Hours

Student's Name _____
Agency/Place of Service _____
Address: _____
Contact/Supervisor: _____
Phone Number: _____ E-mail Address _____
Brief Description of Service _____
Total Hours _____
I affirm that the student named above gave their time freely and received no compensation for their work.
Supervisor's Signature: _____ Date: _____
Supervisor's Name (please print): _____

Transfiguration Confirmation Service Hours

Student's Name _____
Agency/Place of Service _____
Address: _____
Contact/Supervisor: _____
Phone Number: _____ E-mail Address _____
Brief Description of Service _____
Total Hours _____
I affirm that the student named above gave their time freely and received no compensation for their work.
Supervisor's Signature: _____ Date: _____
Supervisor's Name (please print): _____