

**Confirmation Preparation**  
**Documentation of Service Hours Completed**

Confirmation Candidate Name \_\_\_\_\_

Event \_\_\_\_\_  
Date of Event \_\_\_\_\_ Hours completed \_\_\_\_\_  
Organization \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Supervisor Contact Info \_\_\_\_\_ phone \_\_\_\_\_ email  
Supervisor Signature \_\_\_\_\_

Event \_\_\_\_\_  
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