

Student Name: _____

Circle one: CYM 1 or CYM 2

Confirmation Service Hours

Use this form to log any service hours you complete.

Use a separate form for EACH set of hours.

Organization: _____

Location: _____

Supervisor's Name: _____

Phone Number or Email Address: _____

Date(s) of Service: _____

Times: _____

Total Hours: _____

Description of Service:

Supervisor's Signature:

Date:

For questions, please contact:
Denelle Ryan
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