Name	(First & Last):	

Church of the Presentation - Confirmation Program SERVICE LOG 2024-2025



After completing your service fill out the log below. Please make sure every field is completed in full.

Please make sure every	field is completed in full.		
*** This form must b	e signed by a staff member/supe	ervisor where the service was provided.	
NOTE: Your Service MUST Log AND your Service Essa		I 15th . You will be required to hand in this Service	
Participants in th	e Harlem Picnic & Homeless Overnight (DNLY are exempt from completing this form.	
Service Agency for which	you served: (check one)		
1) Camp Acc	orn (Mahwah, NJ)		
2) Commun	ity Food Bank (Hillside, NJ)		
3) Camp Sui	nshine/Camp Snowflake (Ridgewood, NJ)		
4) Harlem S	oup Kitchen (With Presentation Voluntee	ers)	
5) Market S	treet Mission (Morristown, NJ)		
6) Sloatsbur	g Food Pantry		
7) Other (<u>m</u>	ust be approved by Confirmation Coordi	nator in advance)	
Location where the Servic	e took place:		
Date of Service:	Time(s) you worked:	Total number of hours:	
Describe the service you p	erformed:		
Supervisor's Name: (not p	arent) (print name):		
as a part of his/her overall service today. How did the	preparation for the Sacrament of Confir teen volunteer help? How was their atti er? How did he/she show the values of lo	on named above has completed this service project mation . Briefly, please describe this young person's tude? Overall, how would you describe his/her ve and compassion towards those they served? (You	
Parent's Signature		Today's date:	