Service COMMITMENT Form

St. Patrick Parish
Collinsville, CT

Name of Candidate:_____

Location of Service:_____

Date Service will be completed: _____

How do you plan to get to the location?_____

What do you plan to do during your service hours at this location?

Confirmation Coordinator's Signature:_____

Date Approved:_____

Service REVIEW Form

St. Patrick Parish
Collinsville, CT

Name of Candidate:_____

Location of Service:_____

Date Service was completed: _____

Number of hours Completed:_____

What did you do during your service at this location?

How did you feel about the experience?

What did you learn from the experience?

Supervising Adult Signature:_____

Candidate Signature:_____

**Remember to add these hours to your Service Hour Log.*

Service Hour Log

Candidate Name:_____

Date of Service	Location of Service/Event	Commitment Form turned in	Review form turned in	Approved by Coordinator	Hours Logged
				Total Hours:	

**Each candidate is required to complete 20 hours of service by April 1 of year 2.*