

CONFIRMATION 2005 MINISTRY PROJECT FORM

Name of Confirmation Candidate: _____

Parent's Name: _____ Phone Number: _____

Instructions: Please return this *completed* form to the Youth Ministry Office by Friday, March 3, 2005. Some service projects must be approved by Amy Baird before they will be considered eligible for Confirmation service hours. Contact the Ms. Baird at 410 464-4012 or abaird@scmoq.loyola.edu if you have any questions.

CMOQ CONFIRMATION MINISTRY PROJECT (20 HOURS MINIMUM)

Name of Project/Organization: _____

Supervisor Name: _____ Phone: _____

Description of Duties (Please describe your responsibilities.): _____

<u>DATES WORKED</u>	<u>PERIOD OF SERVICE (HOURS)</u>	<u>SUPERVISOR'S SIGNATURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: It is the responsibility of the Confirmation candidate to keep track of ALL hours and dates worked *and* to acquire signatures for all Ministry Projects, regardless of whether or not the projects are sponsored by the Cathedral or other organizations.
REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS!