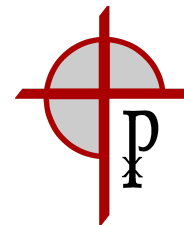


CONFIRMATION STEWARDSHIP HOURS TRACKING

Spring 2021



Student Name (printed first and last) _____

Date of Service	Organization served	Time Served	What did you do?	Full Name of Supervising Adult	Supervisor's Email Address	Signature of Supervising Adult

We confirm that the information provided on this form is honest and true to the best of our knowledge. This stewardship time was served with no compensation and was outside of regular commitments of family/chores.

Student Signature _____

Parent Signature _____