

**VISITATION
CONFIRMATION SERVICE PROJECT**

NAME _____ CLASS _____

SERVICE PERFORMED _____

DATE: _____ LOCATION: _____

NUMBER OF HOURS SERVED (to nearest 1/2 hour) _____

SIGNATURE OF ADULT SUPERVISOR _____

SERVICE PERFORMED _____

DATE: _____ LOCATION: _____

NUMBER OF HOURS SERVED (to nearest 1/2 hour) _____

SIGNATURE OF ADULT SUPERVISOR _____

SERVICE PERFORMED _____

DATE: _____ LOCATION: _____

NUMBER OF HOURS SERVED (to nearest 1/2 hour) _____

SIGNATURE OF ADULT SUPERVISOR _____

NUMBER OF HOURS FOR THIS PAGE _____
TOTAL TO DATE _____