Rev. 2019

PREP Office - Church of the Incarnation

APOSTOLIC SERVICE LOG

Student's Name: _____ Parent's Name _____

✓Check box if PREP ☐ If not in PREP, which Catholic School? _____

Directions: Please try to select activities from the list of "Pre-Approved Service Hours" found on the PREP webpage, otherwise please call, email, or text the PREP office for approval *before* completing service hours.
https://www.incarnation-church.org/media/1/PreApproved_Service_Hours.pdf

A minimum of 20 Service Hours should be completed by mid-January of Confirmation year.

Date M/D/Yr.	Project/Activity	Number of Hours	Name and Signature of Supervising Adult
TOTAL HOURS = _____			

To be signed by Confirmandi and PREP Office:
I hereby confirm that I have completed these service hours to the best of my ability on the dates indicated.

_____ _____
Confirmandi Signature Date

_____ _____
PREP Office Authorization Date