St. Thomas PREP
One St. Thomas Plaza
Old Bridge, NJ 08857
#732-251-1660
www.saintthomasob.com

ST. THOMAS THE APOSTLE PARISH RECORD OF SERVICE HOURS

Service hours must be completed **BY SEPTEMBER 22, 2025,** and submitted to the PREP Office.

Candidate's Name: _____ **Total hours:** _____

I am a young disciple of Christ preparing for Confirmation. I want to follow in the footsteps of Jesus by offering my time and talents to our Church, school and community. I freely accept the opportunity to be a steward of faith and will volunteer ***15 hours*** of my time by serving others.

Candidate's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Please complete for each service project:

SERVICE PROJECT: _____ **DATE(S):** _____

SIGNATURE OF SUPERVISOR: _____ **# OF HOURS:** _____

PRINTED NAME OF SUPERVISOR: _____ **PHONE #** _____

SERVICE PROJECT: _____ **DATE(S):** _____

SIGNATURE OF SUPERVISOR: _____ **# OF HOURS:** _____

PRINTED NAME OF SUPERVISOR: _____ **PHONE #** _____

SERVICE PROJECT: _____ **DATE(S):** _____

SIGNATURE OF SUPERVISOR: _____ **# OF HOURS:** _____

PRINTED NAME OF SUPERVISOR: _____ **PHONE #** _____

SERVICE PROJECT: _____ **DATE(S):** _____

SIGNATURE OF SUPERVISOR: _____ **# OF HOURS:** _____

PRINTED NAME OF SUPERVISOR: _____ **PHONE #** _____

Please complete for each service project:

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________

SERVICE PROJECT: ____ **DATE(S):** _________

SIGNATURE OF SUPERVISOR: __________________________________ **# OF HOURS:** _________

PRINTED NAME OF SUPERVISOR: _______________________________ **PHONE #** _____________