

# CONFIRMATION PROGRAM – SERVICE HOURS

## Holy Family & Sacred Heart Parishes

Name \_\_\_\_\_ Grade \_\_\_\_\_

Project/Task \_\_\_\_\_ Date of service \_\_\_\_\_

Number of Hours: Church focus \_\_\_\_\_ Community focus \_\_\_\_\_

**\*After completing your service project/task, please return this sheet in a timely manner.**

**Reflection on this service as it relates to Gospel living, self awareness, insights or any new understandings you had. (What did I do? Why? Who does it affect? How? What did I learn? How does it affect my life, attitude, or behavior? What scripture passages relate?)**

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**Comments about your service, its quality, your attitude and spirit in completing the task from the person in charge.**

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**Signature of person in charge \_\_\_\_\_ Date \_\_\_\_\_**

*Let us serve. Let us be the voice and body of Christ to those we serve.*

**Signature of Student \_\_\_\_\_ Date \_\_\_\_\_**

