Confirmation Service Project Completion

Good Shepherd Catholic Church

Name: _____ **Date:** _____ **Phone:** _____

Confirmation Year: _____

Area of Service / Works of Mercy: Family Church Community
(Please circle one)

Location of Service Project: _____

Name of Service Project: _____

Estimated hours serving: _____

How did your work help someone else?

_____

_____

_____

_____

Why is it important for Catholics to do service work?

_____

_____

_____

_____

How did (or should) this project help you grow in your faith as a Catholic Christian?

_____

_____

_____

_____

Signature of Youth: _____ Date: _____

Signature of supervisor /
Chaperone / adult in charge: _____ Date: _____