

CONFIRMATION SERVICE PROJECT

Turn in to the Religious Education Office as part of your requirements (at least 20 hours).

NAME \_\_\_\_\_

Description of the project:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) the project took place: \_\_\_\_\_ Total hours: \_\_\_\_\_

How did this project help to build the Kingdom of God?

\_\_\_\_\_  
\_\_\_\_\_

Describe your feeling while you were involved with this project:

\_\_\_\_\_  
\_\_\_\_\_

What type of follow-up, if any, will you do?

\_\_\_\_\_  
\_\_\_\_\_

I have completed this service project as part of my personal preparation for the coming of the Holy Spirit in the Sacrament of Confirmation. **Your signature** \_\_\_\_\_

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