

CORPUS CHRISTI CONFIRMATION COMMUNITY SERVICE HOURS
2011-2012
REFLECTION SHEET

Candidate Name: _____

Number of Hours: _____

Check one: _____ Community _____ Social Justice _____ Parish Ministry

Organization where service was completed: _____

Description of service completed: _____

Date (s) of service: _____

Supervisor: _____

Comments from Supervisor: _____

Signature of Supervisor: _____

What did you do: _____

How has this service helped you live out your Faith? _____

How did you feel about doing this service, what was good and/or bad about it? : _____

PLEASE MAKE SURE THE WHOLE FORM IS COMPLETED WHEN YOU HAND IT IN