



# BLESSED SACRAMENT CHURCH CONFIRMATION

14072 B Olive St. Westminster, CA 92683 (714) 901-9946

## CONFIRMATION SERVICE PROJECT

STUDENT NAME: \_\_\_\_\_ DATE OF SERVICE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

COORDINATOR'S PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COORDINATOR'S SIGNATURE: \_\_\_\_\_ NUMBER OF HOURS: \_\_\_\_\_

1. Briefly describe the type of service, who you helped, and how you contributed to this project.

2. How did this service project help you grow as a person?

3. How did you see God working through your service? Reflect on any moments when you felt God's presence or guidance.

4. How will this experience influence the way you live your faith in the future?

SERVICE PROJECT TYPE:  FAMILY  CHURCH  COMMUNITY  FAITH FORMATION

CATECHIST NAME: \_\_\_\_\_ ROOM #: \_\_\_\_\_