



*Blessed Sacrament Church Confirmation Program*

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

**CONFIRMATION SERVICE PROJECT**

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

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

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

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

1. Description of the Volunteer Work

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

2. How does this service project help me become a better person in confirmation preparation?

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

3. How has these actions revealed what it means to be a Catholic Christian today?

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

4. What are your experience before, during, and after this service project?

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

STUDENT'S SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

SERVICE PROJECT #: \_\_\_\_\_  FAMILY  CHURCH  COMMUNITY