

St. Elizabeth Seton Confirmation Program
Service Hours Documentation Form

Student Name: _____

Grade: _____ **Name of Small Group Facilitator:** _____

Year-long Ministry: _____

or

Date of Service Project: _____

Brief Description of project/ministry:

Date of Service Project: _____ Hours Worked: _____

(Signature of Adult supervisor)

Reflection Questions:

- Why did you choose to do this particular form of service/ministry? Explain.

- Did you find your participation in this project or ministry meaningful? Explain.

- Is this the type of service project or ministry that you would like to continue to engage in after Confirmation?
Explain (feel free to write on back of page).

R.E. Office use only:

Harvest Flyer Sunday or 2 hours make-up completed _____

Harvest Food Flyer Sunday or 3 hours make-up completed _____

_____ hours of service ministry out of 12 completed.

Date: _____

Date: _____

Received: _____

Logged: _____