

Faith Formation Program
Parishes of Christ the King & Pope John XXIII

This form is also available online

CONFIRMATION SERVICE PROJECT REPORT

NAME: _____

Circle one

YEAR 1 YEAR 2

DATE: _____ # HOURS WORKED: _____

Ministry Category

- ☐ Spiritual Life & Worship
- ☐ Faith Formation
- ☐ Community Action
- ☐ Social
- ☐ Family

LOCATION OF THE SERVICE: _____

Describe what you did: _____

Describe any feelings/reactions regarding your service: *(Did you learn anything? Would you do it again? etc.):*

Section Below is to be completed and signed by supervisor of your service.

NAME: _____ Signature _____

Comments: _____

RETURN TO YOUR PARISH FAITH FORMATION OFFICE

Christ the King

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