

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

CONFIRMATION SERVICE PROJECT REPORT

NAME: _____	<i>Circle one</i> YEAR I YEAR II
DATE: _____ # HOURS WORKED: _____	<input type="checkbox"/> Church <input type="checkbox"/> Community <input type="checkbox"/> Home
Location of the service: _____ _____	
Describe what you did: _____ _____ _____ _____	
Describe any feelings/reactions regarding your service: <i>(Did you learn anything? Would you do it again? etc.):</i> _____ _____ _____	

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
21 Cherry Tree Circle
Liverpool, NY 13090

Pope John XXIII
8290 Soule Road
Liverpool, NY 13090

Email: www.ctkfaithformation@syrdio.org

Phone: (315)652-5782