

Service Project Packet (DUE 2/9/26)

As part of their faith formation, Confirmation candidates must complete meaningful service activities that reflect the Four Pillars of Faith Formation: Prayer, Charity, Sacrifice, and Service. These activities help candidates follow Jesus' example of caring for others.

Prayer

Attend Sunday Mass, Morning and bedtime prayers, Pray the Rosary weekly (at least a decade), Silent reflection or journaling to notice God's presence, etc

Charity

Visit or call an elderly/sick relative, Support causes that help those in need etc

Sacrifice

Limit screen time, Include someone who feels left out, Donate gently used clothing or belongings (with parent permission) etc

Service

Volunteer at parish events or ministries, Help with food drives or collections, Join parish liturgies (altar server, reader, usher, Divine Choir etc.)

Requirements:

7 total service projects each year (for both 7th and 8th grade)2 activities at home, 5 activities within the community

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	

NAME:		
DATE OF SERVICE:		
WHAT KIND OF SERVICE DI	D YOU DO?	
At Home	PARISH/COMMUNITY/SCHOOL	
	end on the actual service?	
What service did you perfo	orm and how did you feel about doing this service?	
Signature of Adult Supervis	sor:	
Phone Number or email ac	ldress:	