

St. Lorenzo Ruiz Catholic Parish Community - Religious Education Works of Mercy

STUDENT'S: _____ CATECHIST: _____

I AM IN: CONFIRMATION YEAR 1 CONFIRMATION YEAR 2

DATE OF ACT: _____ START TIME: _____ END TIME: _____ TOTAL TIME: _____

TYPE OF ACT: CORPORAL COMMUNITY CORPORAL FAMILY SPIRITUAL

NAME OF PERSON OR COMMUNITY YOU HELPED: _____

CONTACT NAME: _____ PHONE # _____

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DESCRIPTION OF SERVICE COMPLETED: _____

WHO DID I SERVE? (Community, family, parish, or someone in need) _____

HOW DID YOU FEEL WHILE SERVING ? _____

WHERE DID I SEE GOD'S PRESENCE IN THIS EXPERIENCE? _____

HOW DID THIS ACT HELP ME GROW CLOSER TO CHRIST? _____

PRINT NAME OF SUPERVISOR SIGNATURE DATE