Name:				
	Comm	nunity Serv	ice Form for C	onfirmation 2024
below. The	se are just suggestions. Commun	ity Service op	portunities will be	not required to have an act of service in each category sent out throughout the year via email for opportunities in . The opportunities we will offer will not be able to fulfill
Service Goal: Minimum 15 hours				REFLECTION PARAGRAPH
De	escription of Service			Below, please write a description of one of your
Date	To Those in Need	Hours	Signature	acts of service, using the following guidelines for
				help:
				For whom did you perform the service?
				• What was the particular task you did?
				◆ Did you interact with the people whom
				you served? Tell us about the
				people/person you met.How did your sacrifice and work make
				you feel?
				 Would you consider continuing this
Date	Service to Family	Hours	Signature	service or another like it after you are
				confirmed?
				• Why do you think it is important to help those in need?
				tnose in need?
				You can use the back or another sheet of paper if
				you would like.
		·		
D .		**	G :	
Date	Service to the Church	Hours	Signature	
	1			
Date	Service to the Community	Hours	Signature	
	1			
Overtions	22 Dlagga rangh out to Ma	uhray Dria	ra at	

Questions? Please reach out to Ms. Aubrey Briggs at aubrey@ssparish.org or at the Parish Office at 410-592-7072.

Forms are due to Ms. Aubrey by Monday, April 8, 2024