

# Confirmation Parish Service Reflection Form

Candidate Name: \_\_\_\_\_

Year in Confirmation (circle one):    SEALED. 1                    SEALED. 2

Type of Parish Service, including Location of Event:

\_\_\_\_\_

\_\_\_\_\_

Number of Hours Completed: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Email of Supervisor: \_\_\_\_\_

**Reflection Prompt:** Briefly describe your experience participating in this event/with this ministry and the impact that it has had on you. How did you encounter Christ in those you served? How were you a representation of Christ's love for those you served?

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note: all fields are required. **Confirmation service is parish service—it must be done at a Parish event or with a Parish ministry.** All candidates must submit this form to account for completed Confirmation service. Please email a scanned copy of the completed form to the Director of Confirmation.

