# SERVICE REFLECTION FORM

1. Give brief description of the service you completed:

   _____

   _____

   _____

   _____

2. How did you feel about performing the service? Were you looking forward to it? Why or why not?

   _____

   _____

   _____

   _____

3. How did the service make you more aware of God and Jesus Christ in your life?

   _____

   _____

   _____

   _____

4. In what way(s) did you feel successful when performing the service?

   _____

   _____

   _____

   _____

# CONFIRMATION INDIVIDUAL SERVICE HOURS FORM

| Type of Service | # of Hours |
|---|---|
| | |
| | |
| | |
| | |
| | |

Total Number of Hours Served: _____

Parent Signature:

_____

Date: _____ /_____ /_____

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