

St. Marcelline

Confirmation Service Experience Reflection



Your Name: _____ Name of Catechist: _____

Date of Service: _____

What was the service experience: Soup Kitchen St. Vincent DePaul FMSC Other

Name of Service Organization: _____

Contact Person where you served: _____ Telephone: _____

Describe the type of service you did. _____

How did your service experience make a difference? _____

What did this service experience teach you about your responsibility as a Catholic to serve those less fortunate than yourself?

What did you learn about yourself from participation in this service experience? _____

(This reflection form is due within two weeks of completing the service project.)