



**PARISHES OF ST. CHRISTOPHER & ST. PATRICK'S  
FAITH FORMATION PROGRAM**

**The Sacrament of Confirmation  
*Service Hours Reflection Sheet***

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

Number of Hours \_\_\_\_\_ **Check one**  Community  Church

Organization where services was completed \_\_\_\_\_

Description of service completed \_\_\_\_\_

Date(s) of service \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments from Supervisor: \_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

What service did you complete: \_\_\_\_\_

\_\_\_\_\_

How has this service helped you live out your faith? \_\_\_\_\_

\_\_\_\_\_