



**ROMAN CATHOLIC CHURCH OF  
SAINT CHRISTOPHER & SAINT PATRICK  
FAITH FORMATION PROGRAM**

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

To be completed for each community event

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

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

Name or description of service completed \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_