

## Confirmation Works Of Mercy Service Reflection Sheet

**Complete this sheet after each service activity – it requires your parent’s signature!**

This activity served my (Family, Parish, or Community): \_\_\_\_\_

My Name: \_\_\_\_\_ Hours Completed: \_\_\_\_\_

Location of Service Activity: \_\_\_\_\_ Date of Service Activity: \_\_\_\_\_

Name of Service Activity: \_\_\_\_\_

**Please be sure to use complete sentences when writing your reflections.**

**\*Please Note\*:**

*At least* two sentences should be written in response to each question. One sentence answers such as, “I felt good.” will **not** be accepted. Use descriptive words and examples.

Describe *in detail* what you did to help this person or organization:

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What Catholic teaching were you following by serving in this capacity? (i.e. which of the 10 commandments?; which of the greatest commandments?; which Spiritual or Corporal work of mercy?; or which biblical teaching? – refer to the bright colored sheet at the beginning of this section in your notebook)

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Describe how you felt before you began this service activity:

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Describe how you felt after completing this service activity:

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Tell me about the most enjoyable part or the most frustrating part of this service:

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***By signing this form I acknowledge that my daughter /son has completed the service activity listed above and that the descriptions of that activity have been completed in their entirety.***

\_\_\_\_\_  
(Parent Signature)