



# St. Pius X Confirmation Service Experience

Name _____	Date _____
Hours of Service _____	Place of Service _____
Supervisor's Name _____	Supervisors Phone # _____
Supervisor's Signature _____	

*In order to receive credit for service this form must be legible and complete*

Reflection: Write about your experiences and feelings during this service  
Today I:

\_\_\_\_\_

\_\_\_\_\_

Some of the things I encountered were:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I dealt with these things in this manner:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If I do this project again I would:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The best thing that happened while I was doing this project was:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I learned:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I felt that this experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_