



# 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:

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Some of the things I encountered were:

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I dealt with these things in this manner:

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If I do this project again I would:

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

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I learned:

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I felt that this experience:

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