



Saint Bernard's Parish
Religious Education Confirmation Program
415 Tower Hill Road, North Kingstown, RI 02852
(401) 295-0387 Fax (401) 295-1713

Community Service Project Report

Confirmation

Candidates Name: _____ **Grade:** _____

Was this project a Parish project or a Community Project?

Describe the service project (setting, service performed, etc.):

How do you feel this project was a service to your Parish / Community (Who was served, how, etc.)(use the back of form if necessary)?

What did you learn from taking part in this project (use the back of form if necessary)?

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|--------------------|--------------------------|---------------------------|---------------------------|
| Date: _____ | Start Time: _____ | Finish Time: _____ | Total Hours: _____ |
|--------------------|--------------------------|---------------------------|---------------------------|

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|--------------------|--------------------------|---------------------------|---------------------------|
| Date: _____ | Start Time: _____ | Finish Time: _____ | Total Hours: _____ |
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| Date: _____ | Start Time: _____ | Finish Time: _____ | Total Hours: _____ |
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|--------------------|--------------------------|---------------------------|---------------------------|
| Date: _____ | Start Time: _____ | Finish Time: _____ | Total Hours: _____ |
|--------------------|--------------------------|---------------------------|---------------------------|

Total Project Hours: _____

| | | | |
|-----------------------------------|--------------------|--|--------------------|
| Candidate Signature: _____ | Date: _____ | Project Supervisor Signature: _____ | Date: _____ |
|-----------------------------------|--------------------|--|--------------------|