

ST. BERNARD PARISH

Faith Formation Confirmation Program
mailing address: 415 Tower Hill Road, North Kingstown, RI 02852
(401)295-0387 Fax (401)295-1713

SERVICE PROJECT REPORT

NAME: _____ **CONFIRMATION YEAR** __1__2__3

PROJECT: ____ Church ____ Community

SETTING (*WHERE* you volunteered) and **DUTIES** (*WHAT* you did):

PLEASE DESCRIBE HOW THIS ACTIVITY WAS A SERVICE TO SOMEONE IN NEED:

HOW DOES THIS RELATE TO YOUR FAITH?

HOURS SPENT ON THIS PROJECT (Please use this 1 sheet and fill in the dates and hours if you have an ongoing activity such as GoF, assisting at a class, etc.)

Date: _____	How many hours? _____	Date: _____	How many hours? _____
Date: _____	How many hours? _____	Date: _____	How many hours? _____
Date: _____	How many hours? _____	Date: _____	How many hours? _____

I pledge that these hours were completed by me and that the numbers are accurate.

Student's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____