



Service Project
Jr. Confirmation Class

Name: _____ Date: _____

1. Project done: _____

2. Date of project: _____

3. Number of hours: _____

4. Describe this project: _____

5. Why did you do this project? _____

6. Who benefited from this project? _____

7. How did this experience impact you? _____

8. Would you do it again? _____

9. What did you learn to make it better next time? _____

Student Signature _____

Supervisor / Parent Signature _____



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