

Name: \_\_\_\_\_

## St. John the Baptist Confirmation Service Report

### Basic Guidelines

- Recognize a need and address it
- You reach out without receiving money or another form of payment in return
- You participate in three distinct service opportunities

Service activity: \_\_\_\_\_

Approximate length of time: \_\_\_\_\_

Date: \_\_\_\_\_

Describe what you did:

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What did you learn from this experience? How did it affect you?

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Signature of activity/service supervisor: \_\_\_\_\_