



ST. JAMES - ST. LEO
CATHOLIC COMMUNITY

CONFIRMATION: COMMUNITY SERVICE

CANDIDATE NAME: _____ Year I Year 2



MINISTRY/EVENT 1: _____

(Please explain which parish ministry/project you worked; i.e. Liturgy, fundraiser, etc.)

Date of Event: _____ Number of hours completed: _____

Description of Service *(Tell us what you did and what your experience from this service was):* _____

MINISTRY/EVENT 2: _____

(Please explain which parish ministry/project you worked; i.e. Liturgy, fundraiser, etc.)

Date of Event: _____ Number of hours completed: _____

Description of Service *(Tell us what you did and what your experience from this service was):* _____
