

**St. Michael Church
Confirmation Program
Service Reflection Form**



Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me. Mt.25: 40

Candidate's Name _____

Activity _____

Category of Service (Circle one) Parish Neighborhood Larger Community

PART ONE: PROJECT VERIFICATION

(To be filled out by evaluator/supervisor)

Evaluator/Supervisor Name _____

Association with Service Activity _____

Date of Event _____ Length of Time _____

Location _____

Please comment on the volunteer's strengths in this project. (E.g. dependability, attitude, initiative, responsibility, skills used, courtesy, etc...)

How could the volunteer improve his/her participation in this service?

Evaluator's Signature _____ Phone _____ **S. Michael**

PART TWO: CANDIDATE REFLECTION

Describe what your responsibilities were.

How did you hear of this activity?

Who else is involved in this activity?

Who is it a service to? How is this activity a service to others?

Part Two Continued:

How long have you been involved with this activity? Do you plan on continuing to participate in this activity? Why or why not?

What are the gifts/talents needed for this activity?

Do you possess these gifts/talents?

What areas do you need to improve?

How do you feel when you participate in this activity? (Please DO NOT use the word “good”!)

What have you learned about yourself since participating in this activity?

What have you learned about others and their needs?

List some of the positive and negative things you experienced with this activity.

How does this act of service reflect the teachings of Jesus and the Catholic Church?