

Faith in Action Hours

Confirmation Ministry

Please turn in completed and signed to Mrs. Conway's room or to Vicar/Pastor at PSI.

Name: _____

Grade: _____

Name of Service Project / Activity: _____

Date Completed: _____

Number of Hours: _____

Summary of Activity: _____

What were your 'God-sightings' during this activity? _____

Service Project Leader/Adult Comments: _____

Student Signature

Project Leader/Adult Signature

faith^{IN}
action