

# Faith in Action Hours

# Confirmation Ministry

Please turn in completed and signed to Christian Studies Room 130 or to Pastor/Vicar

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

Grade: \_\_\_\_\_

Name of Service Project / Activity: \_\_\_\_\_

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

Number of Hours: \_\_\_\_\_

Summary of Activity: \_\_\_\_\_

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What were your 'God-sightings' during this activity? \_\_\_\_\_

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Service Project Leader/Adult Comments: \_\_\_\_\_

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faith<sup>IN</sup>  
action

Student Signature

Project Leader/Adult Signature