St. Michael the Archangel Confirmation Service Verification Form

| Candidate's Name: | |
|---|---|
| To allow you to use the gifts of the Holy Spirit, to reach out in we require each candidate to: Complete at least five service experiences Each experience should last 2 to 3 hours in length At least one of the forms of service is to be done o project has been completed, please fill out the des request the supervisor's signature. Include 3-5 pictures (total) doing service. | for a minimum total of 15 hours . utside the parish. After each service |
| Service projects are to be done outside the school day. They m the same time. Candidates may not be paid for the time spent | |
| Turn in completed verification forms and pictures to N | Ars. Swygart by July 31, 2025. |
| Service 1 Description: | |
| | |
| Who was helped as a result of your service? | |
| How do you think it went? Did your service have an effect on | others? |
| | |
| How did the service experience make you feel? Did you see yo Jesus? | ourself being the hands and feet of |
| | |

Supervisor's Signature:

Length of time:

Date:

| Service 2 Description: | | |
|------------------------|--------------------------------|--|
| | | |
| | | |
| Who was hel | ped as a result of your servic | re? |
| How do you | think it went? Did your servio | ce have an effect on others? |
| | | |
| How did the Jesus? | service experience make you | ı feel? Did you see yourself being the hands and feet of |
| | | |
| Date: | Length of time: | Supervisor's Signature: |

| Service 3 Description: | | |
|------------------------|--------------------------------|--|
| | | |
| | | |
| Who was help | oed as a result of your servic | re? |
| How do you t | hink it went? Did your servio | ce have an effect on others? |
| | | |
| How did the s | service experience make you | ı feel? Did you see yourself being the hands and feet of |
| | | |
| Date: | Length of time: | Supervisor's Signature: |

| Service 4 Description: | | |
|--------------------------|-------------------------------|--|
| | | |
| | | |
| Who was helpe | ed as a result of your servic | e? |
| How do you th | ink it went? Did your servic | ce have an effect on others? |
| | | |
| | | |
| How did the se Jesus? | ervice experience make you | feel? Did you see yourself being the hands and feet of |
| | | |
| | | |
| Date: | Length of time: | Supervisor's Signature: |

| Service 5 Description: | | | |
|------------------------|-------------------------------|--|--|
| | | | |
| | | | |
| Who was he | elped as a result of your ser | vice? | |
| How do you | think it went? Did your sei | rvice have an effect on others? | |
| | | | |
| How did the | e service experience make y | you feel? Did you see yourself being the hands and feet of | |
| | | | |
| Date: | Length of time: | Supervisor's Signature: | |
| Summary | , | | |
| What was y | our favorite service project | and why? | |
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