

Saint Damian Confirmation Journal Entry

Candidate's Name: _____

Service Performed: _____

Date: _____ Time: _____ Amount of Hours: _____

Was your parent with you? Yes _____ No _____

Activity Supervisor: _____

Supervisor's Signature: _____

Supervisor's Telephone Number: _____

1. What did you do on your activity?

2. Who did you do this activity with? Example: Parent, Parish Ministry, Neighbor, Friends, School People?

3. How often are others doing this activity?

4. Who did you serve on your activity?

5. How did you see Christ in the people who you served?

6. How did the project help you grow in faith?

7. Would you be willing to do this activity again? Why or why not?

8. Which category does this service fulfill requirement of hours for?

_____ Family _____ Church _____ Community