

**PARISH OF SAINT FRANCIS DE SALES
RELIGIOUS EDUCATION – FAITH FORMATION OFFICE
129-16 ROCKAWAY BEACH BOULEVARD,
BELLE HARBOR, NY 11694
718-945-6911
SFDSPARISH.ORG**

**Service Project Completion Form
Confirmation 2018-19**

Student's Name _____

School: _____

Complete and return this form and reflection paper to your catechist or the Faith Formation office by May 22, 2019

1. I acknowledge that _____ has performed _____ hours of service. The service consisted of: _____

Adult Project Supervisor Signature: _____

Adult Project Supervisor Name, printed: _____

Service Organization Name: _____

Date: _____

Reflection: _____

2. I acknowledge that _____ has performed _____ hours of service. The service consisted of: _____

Adult Project Supervisor Signature: _____

Adult Project Supervisor Name, printed: _____

Service Organization Name: _____

Date: _____

Reflection: _____

This Completion Form should be stapled to your Service Project Reflection Essay. It should be handed into your catechist, or the St. Francis de Sales -Office of Faith Formation **NO LATER THAN May 22, 2019**

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