



Apostolic Service Form 2019-2020

Name: _____
Date of Service: _____
Hours of Service: _____
Location of Service: _____
Signature of Supervisor: _____
Printed Name: _____
Contact Info (Phone or Email): _____

Reflection

(To Be Completed by Confirmandi)

In a few words, describe your experience of apostolic service. Please include how your apostolic service relates to one (or more) of the Corporal or Spiritual Works of Mercy. You may also write on the back of this paper if more space is needed.