

St. Peter Catholic Church

Confirmation Preparation

Apostolic Service Form Fall 2021

*Must be turned in by Sunday, October 17th 2021



Name: _____

Date(s) of Service: _____

Hours of Service: _____ (4-6 hours required)

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.