

# WORKS OF MERCY AND CHURCH SERVICE

## CONFIRMATION 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Catechist \_\_\_\_\_

Instructions for choosing service hour project(s)

1. Choose SERVICE projects that reflect any of the following Corporal/Spiritual Works of Mercy.
2. PRE-APPROVAL by Religious Education office is required for service performed at locations other than St. Elizabeth Ann Seton parish (requests may be emailed to [setonservicehours@gmail.com](mailto:setonservicehours@gmail.com)). Students may not be paid for any project.
3. Household chores and responsibilities, caring for siblings or family members DOES NOT QUALIFY as service.
4. Hours earned by donating baked goods/craft materials for certain projects at St. EAS are limited to 5 hours.
5. Service logs will be reviewed prior to the Christmas break to evaluate student progress (Date - TBA)
6. Total Ten (10) Service hours must be completed and submitted PRIOR TO CONFIRMATION (Date – TBA).

**Church Service: Helps build our parish community through fellowship and service to others.**

**Corporal Works of Mercy – *Kind acts by which we help our neighbors with their material and physical needs.***

Feed the hungry • Give drink to the thirsty • Clothe the naked • Shelter the homeless  
Visit the sick and imprisoned • Bury the dead • Give alms to the poor

**Spiritual Works of Mercy – *Acts of compassion that aim at people's emotional and spiritual needs.***

Instruct the ignorant • Console the doubtful • Admonish the sinner (redirect their actions)  
Comfort the afflicted • Bear wrongs patiently • Forgive offences willingly • Pray for the living and the dead

**Write a Ministry Reflection**

Select one of the service projects that you performed and write 3-4 sentences reflecting on how your involvement in this service relates to one of the above works of mercy. USE ONLY THE SPACE PROVIDED

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Confirmation 2**

Service Project	Date	# Hrs	Supervisor's Name	Location & Phone #	Religious Education Approval

## FOR OFFICE USE ONLY

Hours reviewed by: \_\_\_\_\_ Date \_\_\_\_\_ # of Hours: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_