

**Office of Faith Formation**  
**Epiphany of Our Lord & St. Sebastian Parishes**  
**801 Broad Avenue, Belle Vernon, PA 15012**  
**724-929-9300**

[ccabaniss@dioceseofgreensburg.org](mailto:ccabaniss@dioceseofgreensburg.org)

# Confirmation Service Project Form

This form is due by **AUGUST 31, 2018**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Parish \_\_\_\_\_ Project Name \_\_\_\_\_

Date(s) of Project \_\_\_\_\_ Time Involved \_\_\_\_\_

Project Tasks/Objective \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Project Supervisor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Project Supervisor Signature \_\_\_\_\_

## **Project Reflection Questions** – Please use other side or additional paper for complete answers.

How did this project serve individuals? (Did it provide a service, recognize dignity, help, or enhance?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe three things you learned about your gifts from God during this project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What impact does the service you did have on our church community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_