

St. Elizabeth Seton Confirmation Program SERVICE HOURS FORM 2015-16

**SERVICE MUST CORRELATE TO A WORK OF MERCY OR
BE PARISH OR UNIVERSAL CHURCH RELATED**

Volunteering, Fundraising or Officiating for sports teams/other events counts only if it is for the benefit of the underprivileged or physically/mentally challenged.
If you are unsure of eligibility please check with us before you carry it out.

Student Name: _____

Grade: _____ Name of Catechist/RE Teacher: _____

Date of Service Project: _____ # of Hours Worked: _____

Name of Event or Organization: _____

Description of your service: _____

PRINT Name of Adult Supervisor (not parent) _____

Signature of Supervisor _____ Telephone # of Supervisor: _____

Which Work of Mercy (Mt 25:31-46) or Parish Ministry did your service qualify for?

Circle one or more.

Corporal

- Feed the hungry
- Give drink to the thirsty
- Clothe the naked
- Shelter the homeless
- Care for the sick
- Visit the imprisoned
- Bury the dead

Spiritual

- Admonish the sinner
- Instruct the uninformed
- Counsel the doubtful
- Bear wrongs patiently
- Forgive all injuries
- Pray for the living and the dead

Parish Ministry (List)

- _____
- _____
- _____
- _____
- _____

Reflection Questions:

How does your service relate to the Works of Mercy? *Examples: Visiting homebound or hospitalized relates to "caring for the sick"; initiating a Family Rosary for a loved one relates to praying for the living and the dead)*

Who benefited from this service?

How did this service impact you? What surprised you?

Will you continue in this type of service after Confirmation?

Note: For each project, a separate Service Hour Form must be submitted.