

**St. Margaret Mary Parish  
2015-16 Confirmation 2  
Requirement Sheet**

**DUE DATE: No later than April 3, 2016**

**Candidates**  
**Name:** \_\_\_\_\_ **Confirmation**  
**Sponsor:** \_\_\_\_\_

**Confirmation Name:** \_\_\_\_\_ **Letter to the**  
**Bishop turned in (y/n)** \_\_\_\_\_

**Service Hours:**

Homeless Ministry Date \_\_\_\_\_ Hours \_\_\_\_\_

Project \_\_\_\_\_ Hours \_\_\_\_\_

Project \_\_\_\_\_ Hours \_\_\_\_\_

Project \_\_\_\_\_ Hours \_\_\_\_\_

Project \_\_\_\_\_ Hours \_\_\_\_\_

**Youth Ministry Nights/Events: (Date or Event)**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**Usher/Greeter at Mass (Dates):**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

**Parent Formation Events:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

4 \_\_\_\_\_ 5 \_\_\_\_\_



# Service Mania Reflection Sheet

Name: \_\_\_\_\_ Date You Did Service \_\_\_\_\_

Name of Service: \_\_\_\_\_ Total time in service: \_\_\_\_\_

Explain what you did....

How did you feel when you did this service?

What did this experience teach you about God, or others or yourself?

What did you learn after doing this service project?

What is one thing you want to remember about this service project?

**Small Things done with God's love...**

**...can change the world!!**

**Crazy to serve**

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