

Saint Maximilian Kolbe Parish
CONFIRMATION SERVICE PROJECT REPORT

Student Name: _____

Service Activity/Project: _____

Date of Project: _____

Signature of Project Coordinator: *(Parent Signature if for a donation or home-based service)*

Who did you help /what was their need?

What did you do to help or support them?

What Christ-like virtue did you demonstrate (ex. Fruit of the Spirit or Work of Mercy)?

Attach pictures if you would like.

Service Reports Due – February 6, 2018