

Saint Agatha Parish
Confirmation Program

Christian Service Form
Year II – Grade 10

Confirmation Year _____

Student Name _____ Teacher _____

Description of Service:

Date Service began _____

Date Service has been/will be completed _____

People who have been/will be helped by this service _____

Number of hours spent on this service _____

Tell how this service helped to build the Church _____

Describe how you felt while you were involved in this service _____

What kind of follow-up, if any, can you do on your service? _____

Candidate Signature

Parent/Guardian Signature
Or authorized Service supervisor

**Return this form to Christian Service Coordinator: Mrs. Donna Regan at:
103 Piermont Street, Quincy MA 02170**

Questions? – Contact Donna Regan @ 617-471-4853 or Mary Sheedy @ 617-696-8978