

St. Maximilian Kolbe Confirmation Program
Individual Community Service Project Form

For credit, STUDENT completes entire form.

First and Last Name: _____

1. Project Name: _____

2. Date(s) of Project: _____

3. Total Number of Hours/ Minutes you worked: _____

4. What specifically did you do? _____

5. How does participating in this project demonstrate your Catholic Faith?

6. What supports your answer to #5? (Bible, Beatitudes, Corporal Works of Mercy, Spiritual Works of Mercy, Catechism of the Catholic Church, etc.)

7. Supervisor: _____

SIGNATURE / TITLE

Additional Comments: