

# SERVICE EXPERIENCE REFLECTION

NAME: \_\_\_\_\_ SERVICE LOCATION: \_\_\_\_\_

DATE SERVED: \_\_\_\_\_ DATE FORM COMPLETED: \_\_\_\_\_

SERVICE-LEARNING AREA:

Community       Parent/Sponsor       Parish       Individual Project

Number of Hours: \_\_\_\_\_

***COMPLETE THIS AREA BEFORE THE EXPERIENCE***

Who will you be serving?

What prior experience do you have with this population?

Are you aware of the needs of this community? What are they?

With whom will you be serving?

***COMPLETE THIS AREA AFTER THE EXPERIENCE***

Describe what you did during this service experience.

What did you observe during your service? What did you see, feel, hear, smell, and taste?

How does what you did fit with God, faith, and life?

What gifts did you bring to this experience?

What did you learn about the needs addressed during this service experience?

Do you have any advice for others who would want to serve in this same area?

Parent/Catechist Signature \_\_\_\_\_ Date \_\_\_\_\_

**REMEMBER TO RECORD THIS EXPERIENCE ON YOUR CONFIRMATION CHECKLIST!**