FLC CONFIRMATION SERVICE REFLECTION

NAME & GRADE _____

NAME/PLACE OF SERVICE _____

DATE & TIME OF SERVICE _____

WHAT TYPE OF WORK DID YOU DO?
Complete sentences are required for approval.

WHO DID YOU HELP BY DOING THIS WORK?
Complete sentences are required for approval.

WHY DID YOU CHOOSE THIS SPECIFIC OPPORTUNITY FOR YOUR CONFIRMATION SERVICE WORK?
Complete sentences are required for approval.

HOW DID THIS WORK CONNECT YOU WITH GOD?
Complete sentences are required for approval.