

Confirmation Service Hour Reflection Sheet

Name _____ Total Hours on this Sheet _____

Dates and Times _____

Describe in detail service given _____

How has the service affected you? _____

How has your service affected others? _____

What have you learned? _____

Reflection on the service done (mention at least 2 things).: _____

Supervisor signature _____ Date _____

Email _____ Phone Number _____

Supervisor Comments _____