

SERVICE EVALUATION

NAME: _____ DATE: _____

What type of service did you perform and where did you perform it?

Which corporal work of mercy or spiritual work of mercy was your project most like?

Was it what you expected?

What did you like most about your service experience?

What did you like least?

How did you benefit from your service?

Besides yourself, whom did this service benefit?

What did you learn from this experience?

Did you do this service as part of a group or as an individual?

In order for your service to count towards Confirmation please have the adult in charge of activity fill in the information below.

Signature of Supervising Adult: _____ Hours worked: _____

Contact number: _____