

Confirmation Summary Form

Name: _____

Which area of faith does this fall under?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Worship | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Church Life | <input type="checkbox"/> Education- Confirmation Class |
| <input type="checkbox"/> Service | |

What I did: _____

When I did it (date): _____

How did it connect to your faith?

Write down some of your thoughts during the experience:

Parent Signature _____

Student Signature _____

Mentor Signature _____

Points will be counted when this form is turned into your mentor