

PARISH SERVICE

THIS SERVICE NEEDS TO BE DONE WITHIN HOLY NAME PARISH, SEPARATE FROM LITURGICAL SERVICE.

CANDIDATE'S NAME _____

PARISH SERVICE ACTIVITY _____ # OF HOURS _____

PARISH SERVICE COORDINATOR _____

COORDINATOR'S SIGNATURE _____

EXPLANATION OF ACTIVITY:

PARISH SERVICE REFLECTION

Reflections on your parish service: How was this service a use of my gifts and talents? How did I feel doing this service? How did the person(s) I helped benefit from my service? Is this an area I would like to continue?