

CONFIRMATION SERVICE MINISTRY FORM

NAME: _____

YEAR 1 _____ YEAR 2 _____ YEAR 3 _____

HOME ROOM TEACHER: _____

DATE OF SERVICE WORK: _____

WHERE DID YOU WORK: _____

BRIEFLY DESCRIBE WHAT SERVICE YOU DID: _____

How do you feel this service benefitted someone else? _____

What did it do for you; how did you feel when you were done? _____

Would this be something you would want to do again? Why or why not? _____

Parent/Guardian signature: _____

Approved by Pastor: _____

When you have completed this form, you may turn it in to your Confirmation Home Room Teacher, mail it to Bethel Lutheran Church, attn: Gretchann Dalgaard, 312 Wisconsin Ave, Madison, WI 53703, or fax it to Bethel at 608/257-4044,attn: Gretchann.

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