

Reflection of Service – St. Bronislava Faith Formation

Name: _____

Service to Community Experience (What was the Involvement Activity): _____

Date: _____

Grade: _____

Please take time to prayerfully reflect on these questions. Use the space provided to answer each of the following questions:

- 1. How was this Service Experience? Please give a brief description of your experience.**
- 2. How did this service impact you individually? How did you grow during this time?**
- 3. How did this service impact your community? What good did you see that came from this event/activity?**
- 4. How did this service experience impact your Faith? Did you see Christ during your time learning more about your faith? Why or why not?**
- 4. Through this experience, how do you feel called to change your life? What is one way that you can use this experience to better yourself?**
