

# St. Alphonsus Service Learning Project

Please Print

Name \_\_\_\_\_ Date \_\_\_\_\_

In which Confirmation Year are you currently enrolled?    1     2     3

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**Area of Service:**    Church     Community

**Service Activity:** *Provide a brief description of the activity including who was involved and the length of the service project.*

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**Reflection:** *Offer your thoughts about the project. How did you feel doing it? What did you learn? How is this related to what God expects of us?*

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Please bring, mail, or fax your Service Learning Form to:

St. Alphonsus Liguori  
14040 Greenwell Springs Road  
Greenwell Springs, LA 70739  
Fax 225 261-5650    [www.alphonsus.org](http://www.alphonsus.org)