

Worship Reflection



Name: _____

Grade: _____ Date: _____ Sermon by: _____

Summarize today's sermon in two or more sentences: _____

What was your favorite part of worship? _____

I attended worship at All Saints: _____ Other location: _____

Office Use Only

For Pastors Only: Approval *yes* *no* *Pastor's Signature:* _____

If no, explain: _____

Recorded: _____

Blue rev. 7-19-11

Name: _____

Grade: _____

Date: _____

ASLC Confirmation Service Ministry Completion Form



Service Ministry: _____

Hour(s): _____

What I did: _____

How this helped my church or community: _____

What I learned from the experience: _____

Supervisor (*signature of adult in charge*): _____ Date: _____

Comments: _____

Office use only- Recorded: _____

Green rev. 08-7-11