

Church Life Activity

Name: _____ Activity: _____

Date: _____ Location: _____

What did I think? Did I enjoy this activity? Why? Would I do it again?

Name & Signature of Adult Guide:

How did I serve, participate and/or observe?

What did I learn about service or the church? Does this change my perspective? In what way?

Reflect on the activity you did. How did it affect my...

IN?

UP?

OUT?