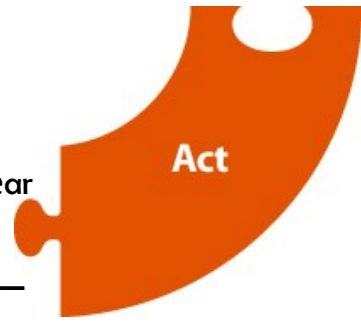


For office use ONLY:  
Community: \_\_\_\_\_  
Congregation: \_\_\_\_\_

# Act Faith Habit Practice Form

6 Practices Needed by August 2021

1 hour of service = 1 practice of the habit; Only 4 practices per event per year



Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Act of service you did: \_\_\_\_\_

Date(s) and Time(s) of event: \_\_\_\_\_

Total number of hours served: \_\_\_\_\_

Describe how you put your faith into action to serve. \_\_\_\_\_

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What did you share in this act of service. \_\_\_\_\_

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What values did you put into action through this service? \_\_\_\_\_

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What difference did your action make in the community? \_\_\_\_\_

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Your signature: \_\_\_\_\_

Authorized Adult signature: \_\_\_\_\_

