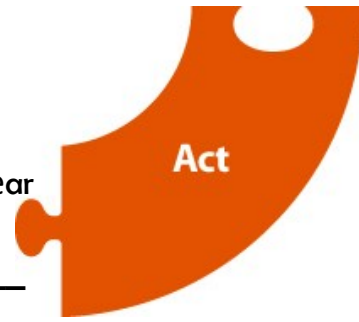


For office use ONLY:
Community: _____
Congregation: _____

Act Faith Habit Practice Form

6 Practices Needed by August 2022

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. _____

What did you share in this act of service. _____

What values did you put into action through this service? _____

What difference did your action make in the community? _____

Your signature: _____

Authorized Adult signature: _____

