**Stewardship Project Parent Form**

1. Brief description of the project you participated in with your teen, including date and place of service.
2. How did you see your teen grow through this experience?
3. Is the activity you chose something you and your teen would find time to do on a regular basis?
4. How did you feel both participating and also witnessing your teen do works of service for the less fortunate?
5. What gift of the Holy Spirit did you witness your teen utilizing in this project?
6. How can you now help nurture and grow that gift in them?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_