

Deacon/ Trial Deacon Quarterly Report

Mark One: () Deacon () Trial Deacon

Name _____ Phone (____) _____ - _____ Date _____

Address _____

City/State/Zip _____

Name of Church _____ Quarter Ending: ___ Aug ___ Nov ___ Feb ___ May ___

Are you a good example to the church? _____ In cooperation with the pastor, do you take an active role in the Ministries and business of the church? _____ What ministries have you been active in? _____

Are you daily in prayer? _____ Are you leading your family in personal family worship? _____ Are you being enriched daily from the Word of God? _____ Are you a good steward in tithing and giving? _____

Number of times you assisted or took part in the following Sacraments: Lord's Supper _____

Feet Washing? ___ Baptizing? _____ Are you a volunteer for physical maintenance of the local church property? _____ What positions besides a Deacon do you hold in the church? _____

In personal evangelism how many have been saved from your efforts this quarter? _____ Sanctified? _____

Filled with the Holy Ghost? _____ Below list any other ministry activities. (use the back if necessary).

(Use Back if necessary.)

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