



Quarterly Report of a Deacon/Trial Deacon

Name _____ Date _____
Address _____
City/State/Zip _____
Email: _____

Name of Local Church _____

Are you striving to be 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? _____ Number of times you assisted or took part in the following sacraments: Lord's Supper? _____ Feet Washing? _____

Baptizing? _____ Are you a good steward in tithing and giving? _____ Are you a volunteer for physical maintenance of the local church property? _____ What position besides Deacon do you hold in the church? _____

Regarding personal evangelism, how many have been saved from your efforts this quarter? _____

Sanctified _____ Filled with the Holy Ghost? _____. List any other ministry activities you are engaged in: _____

Complete and return to local church clerk.



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Retain this copy for your personal files.