



Quarterly Report of a Deaconess/Trial Deaconess

Name _____ Date _____

Address _____

City/State/Zip _____

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 and 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 facility? _____ What positions besides Deaconess 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:

Complete and return to the local church clerk, quarterly.



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Retain for personal records