

Ministry Evaluation for a Senior Deacon

For the period from _____ to _____ (today's date)

Deacon _____ Parish/Agency _____

1. How many retreats did the deacon make over the past 3 years? _____

2. How many hours of ministerial development over the last 3 years?
(5 hours required per year) _____

3. How has the deacon's physical and emotional health been?

4. In what and how has the deacon performed in:

a) Ministry of Charity & Justice?

b) Ministry of the Word?

c) Liturgical Ministry?

5. What has the deacon excelled in doing:

6. Any areas of concern?

Deacon's Signature & Date

Wife's Signature & Date

Pastor/Supervisor's Signature & Date

Supervisor's Signature & Date
(if other than pastor)

Ministry Covenant for Senior Deacons

Covenant effective through June 30, 20__

Deacon_____ Parish/Agency_____

Ministry of Charity and Justice

Total hours per month_____. List types of ministry and number of hours per month: (e.g. PADS shelter, jail or hospital visits, Peace & Justice Committee, pro-life advocacy)

Ministry of the Word

Total hours per month_____. List types of ministry and number of hours per month: (e.g. RCIA, Baptism or Marriage Prep, Bible Study)

Liturgical Ministry

Total hours per month_____. List types of ministry and number of hours per month:

Deacon of the Mass_____ Baptisms _____ Weddings _____ Wake Service _____

Cemetery Committal _____ Benediction _____ Quinceañeras _____ Other _____

Other Ministerial Commitment

Total hours per month_____. List types of ministry and number of hours per month (e.g. Diaconate Council, Parish Staff, Community Organizations):

Deacon's Signature & Date

Pastor/Supervisor's Signature & Date

Wife's Signature & Date

Supervisor's Signature
(if other than Pastor) & Date