

Office of the Diaconate

MINISTERIAL 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

Pastor/Supervisor's Signature

Date

Wife's Signature

Date

Supervisor's Signature
(if other than pastor)

Date

Office of the Diaconate

MINISTRY COVENANT FOR A SENIOR DEACON

Covenant effective through June 30, 20

Deacon:	Parish/Agency:
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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 _____