

New Hope Baptist Church of East Orange

144 Norman Street * East Orange NJ 07017

(973) 678-6710

www.newhopefeastorange.org

Rev. Dwight D. Gill, Pastor

MONTHLY DEACON'S REPORT

The following report must be completed DAILY and submitted MONTHLY to the Church Office (for the Pastor's review) by the 5th day of the month, the form should be completed from the 1st day of the month until the last day of the month:

Your Name: _____ Title: _____

This Month/Year: _____

Dates from: _____ through _____

How many members did you visit, in their homes, this month? _____

Attach a list of the names and telephone numbers of those visited.

How many members did you visit in the hospital, this month? _____

Who were they? _____

How many members did you have telephone conversations with? _____

Attach a list of the names and telephone numbers of those communicated with.

Who called you for prayer, advise, requests, etc.? _____

Who did you serve communion to? _____

Did you attend your assigned Ministry meetings? _____

Which one(s)? _____

When? _____

Were you involved in any conflict or concerns this week? _____

Were they HANDLED or LEFT OPEN? _____

Do you require assistance with these conflicts or concerns? _____

Did you attend?: (note the dates)

Bible Study _____
Sunday School _____
7:45a Worship Service _____
10:45a Worship Service _____

COMMENTS: _____

Have you communicated with your assigned Deaconess? YES NO

What applicable materials have you read? _____

What training sessions/workshops have you attended? _____

Future plans: _____

I need to meet with the Pastor: YES NO

***PLEASE FEEL FREE TO USE ANY ADDITIONAL SHEETS OF PAPER,
HOWEVER, PLEASE INDICATE THAT YOU HAVE DONE SO BY CHECKING
THIS BOX***

PLEASE PRINT YOUR NAME: _____

.....
FOR OFFICE USE ONLY

RECEIVED BY: _____

RECEIVED ON: _____

COMMENTS: _____
