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: ______________________________________________________________