

Archdiocese of Galveston-Houston
ANNUAL MINISTRY REPORT
For period July 1, 2015 through June 30, 2016

Please answer the following questions about your ministry during the past year, *print out*, sign and return the form with your ministry agreement to the address below.

Deacon's Name: _____

Parish/Institution of Ministry: _____

Ministry of Word/Evangelization:

1. Give homilies at Sunday Mass? Yes No at Daily liturgies? Yes No
2. Work with the RCIA? Yes No if so, in what capacity? _____
3. Work with adult formation/education? Yes No if so, in what capacity? _____
4. Work with CCE/Youth? Yes No if so, in what capacity? _____
5. Work with Marriage Preparation? Yes No if so, how many couples? _____
6. Work with Baptismal Preparation? Yes No if so, in what capacity? _____
7. Work with Confirmation Preparation? Yes No if so, in what capacity? _____
8. Work with Retreats & Renewal Programs? Yes No if so, in what capacity? _____

Ministry of Liturgy/Sacraments:

1. Assist regularly at Eucharist? Yes No
2. Baptize regularly? Yes No
3. Witness marriages regularly? Yes No
4. Preside at Funerals, Vigils, or Burials regularly? Yes No
5. Preside at other liturgical services? Yes No If so, what kind? _____

Ministry of Charity/Justice:

1. Engaged in campus ministry? Yes No
2. Engaged in ministry to immigrants or refugees? Yes No
3. Engaged in ministry to the deaf, blind, disabled? Yes No
4. Engaged in ministry to battered women and children? Yes No
5. Engaged in ministry to the poor, homeless, & hungry? Yes No
6. Engaged in ministry to sick & dying in hospitals & nursing homes? Yes No
7. Engaged in ministry to the elderly? Yes No
8. Engaged in Advocacy of Social Justice & Peace? Yes No
9. Engaged in ministry in prisons & halfway houses? Yes No
10. Engaged in working with Annulments? Yes No
11. Engaged in Parish Administration? Yes No

(Please continue on reverse side)

Personal Information:

1. Do you speak a language in addition to English? Yes No What? _____

Are you utilizing it in Ministry? Yes No

2. How many hours each week do you spend in diaconal ministry? _____

3. Are you satisfied with your ministry? Yes No

If no, please explain why (this will be kept confidential): _____

4. When was the last time you made a retreat? _____ (Month/year) Where? _____

Do you meet with a spiritual director regularly? Yes No If yes, how often? _____

Do you desire or are you available to be transferred to another assignment? Yes No

5. What phone number would you like listed in the Archdiocesan Directory? _____

6. Please list continuing education activities in which you have participated this past year:

(Classes, workshops, seminars, etc.) _____

Signature of Deacon

Date

Signature of Pastor/Supervisor

Date