

DEACON MINISTRY RECORD

Deacon Name: _____

Date: _____

Monthly Deacons' Meeting		Month of: _____		
<input type="checkbox"/> Attended	<input type="checkbox"/> Planned Absence <i>(Notified Deacon Secretary)</i>	<input type="checkbox"/> Absent <i>(Forgot or otherwise gave no notification)</i>		
Sunday Worship Services	8:15 AM	10:45 AM	PM	PM Phone
Number of Services Served				
Number of Services Obtained Substitute				
Number of Services Absent Without Obtaining Coverage				
Prayer Ministry in Chapel	Date: _____	Service: _____	Prayer Partner(s) _____	
Deacon of the Week Duty	Served Week of: _____			
<input type="checkbox"/> I was Chief Deacon of the Week	<input type="checkbox"/> I served with _____ who was CDW.			
If you were Chief Deacon of the Week:				
<input type="checkbox"/> I met with the outgoing Chief Deacon of the week to exchange information about ongoing ministry needs.	Outgoing Chief Deacon's Name: _____			
<input type="checkbox"/> I met with the incoming Chief Deacon of the week to exchange information about ongoing ministry needs.	Incoming Chief Deacon's Name: _____			
Deacon of the Week Ministry Report Turned in to Church Office: _____ <i>Date</i>				
Ruth Anna Ministry		Made Contact by:		
Widow Name: _____	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Card <input type="checkbox"/> Other _____			
Widow Name: _____	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Card <input type="checkbox"/> Other _____			
Widow Name: _____	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Card <input type="checkbox"/> Other _____			
Notes/special needs/concerns: _____ _____				
Other Ministry Activities:				
<input type="checkbox"/> Prayer Time Spent	<input type="checkbox"/> Sunday Visitors Contacted	<input type="checkbox"/> Visits to Church Members		
<input type="checkbox"/> Cards Sent	<input type="checkbox"/> Hospital Visits Made	<input type="checkbox"/> Witnessing / Testimony Shared		
Comments: _____ _____				