

Report of Deacon/Trial Deacon
(Quarterly to local church, Annually to State/Region)

Name _____ Date ____/____/____

Address _____

City/State/Zip _____

Name of Local Church _____

[] Deacon [] Trial Deacon

Are you striving to be a good example for other believers ____?
In cooperation with the pastor, do you take an active role in the
business of the local church ____? Have you been active in
visitation ____? Do you maintain an active prayer life ____? Do
you have family devotions regularly ____? Do you study the
scripture on a regular basis ____? Number of times assisted in or
taken part in the following ordinances this quarter: Lord's Supper
____, Feet Washing ____, Baptizing _____. Have you been faithful
in the stewardship of tithing and giving ____? Do you volunteer
time and labor toward the physical maintenance of the local church
property ____? What positions, besides deacon, do you hold in the
local church: Sunday School Superintendent ____, Teacher ____,
Care Group Leader ____, Other _____. In personal
evangelism this quarter, how many have been saved ____,
sanctified ____, baptized with the Holy Ghost ____? Are you a
subscriber to the **White Wing Messenger** ____? Are you a member of
Heritage Care ____? Homes visited _____.

Remarks: _____
