

Deacon's Continuing Formation and Ministerial Evaluation
Minister to Deacons Office - Diocese of Little Rock

Response Due by: Dec 31, 2018

Send to: Minister to Deacons Office / P.O. Box 7565 / Little Rock, AR 72217-7565
or fax to 501 - 603 -0518

PLEASE PRINT

Deacon's Name: _____

Address: _____

City, State, Zip code: _____

Phone: Home _____ Business _____

Cell _____ E-Mail: _____

Parish Assigned: _____

Status: (circle one) Active Retired-Still Ministering Retired-Inactive

I. Spiritual Enrichment

Please note your spiritual enrichment activities in 2018

A. I am committed to praying the Liturgy of the Hours, morning and evening daily:

(circle one) Agree Some what agree Disagree

B. My Spiritual Director is: _____

C. I meet with my spiritual director on a regular basis:

(circle one) Agree Some what agree Disagree

D. Meetings are:

Weekly Monthly Quarterly Other: _____

E. I attended the required Day of Recollection or Retreat for 2018:

Please list the Day of Recollection or the Retreat you attended in 2018

1 _____ Date: _____

2 _____ Date: _____

F. I have at least one weekend off a month from serving on the altar:

(circle one) Agree Some what agree Disagree

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II. Continuing Education

Please list any continuing diaconal education you pursued in 2018: (classes, books, etc...)

1 _____

2 _____

3 _____

III. Ministerial Activities

(circle one or fill in the blank for each activity)

A. LITURGICAL ACTIVITIES:

	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	Other
Deacon at Mass						_____
Preaching						_____
Baptizing						_____
Benediction						_____
Funerals						_____
Witnessing Marriages						_____
Other: (Specify)						_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____

B. PASTORIAL ACTIVITIES:

	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	Other
Ministry to Sick						_____
Religious Education						_____
Youth Ministry						_____
Hospital Ministry						_____
Pre-Marriage Sponsor						_____
Pre-Nuptial Papers						_____
Pre-Baptismal Inst						_____
RCIA/Inquiry						_____
Other: (Specify)						_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____

C. COMMUNITY ACTIVITIES:

	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	Other
Social Services						_____
Charismatic Movement						_____
Soup Kitchens						_____
Ministerial Alliance						_____
Right to Life						_____

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Business/Civil Orgs	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
Police Chaplain	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
Support Groups	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
Cursillo Movement	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
Prison Ministry	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
Other: (Specify)						_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____
_____	Weekly	Semi-monthly	Monthly	Quarterly	Seldom	_____

IV. Relationships

A. Please comment on any relationship issues that have arisen regarding your diaconal ministry

V. Mobility

A. Would you be willing to assist at a nearby parish if needed? **Yes** **No**

B. List two Parishes you would be willing to assist if needed.

VI. Recommendations/ Suggestions for the Diaconate Office

Use back if needed
