

Quarterly Report of Deacon/ Trial Deacon/Deaconess/Trial Deaconess
REPORT **EACH QUARTER** TO LOCAL CONFERENCE
REPORT **ONCE** A YEAR TO STATE OFFICE

Name _____ Date _____

Address _____

Name of Local Church _____

Deacon Trial Deacon Deaconess Trial Deaconess

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? _____

Do you volunteer in the maintenance of the local church property? _____

Do you maintain an active prayer life? _____

Do you have family devotions regularly? _____

Do you study the scriptures on a regular basis? _____

Have you been faithful in tithing and giving? _____

What positions, besides deacon, do you hold in local church? _____

Are you reader of the White Wing Messenger? _____

Are you a member of Heritage Ministers (CPMA)? _____

Number received in the Church by Covenant _____

Have you assisted in the following ordinances this quarter?

Lord's Supper _____ Feet Washing _____ Baptizing _____

In personal evangelism this quarter how many have been:

Saved _____ Sanctified _____ Baptized with Holy Ghost _____

Homes visited _____

Remarks: _____