

Archdiocese of Galveston-Houston
SPECIAL MINISTRY AGREEMENT
20 -20

Deacon's: Name _____ Work Phone _____

Address _____ City _____ Zip _____

Home Phone _____ E-mail _____

Ministry Supervisor _____

Ministry Setting: _____

SPECIAL MINISTRY FUNCTIONS AGREED UPON (please be describe specifically):

Ministry of Word/Evangelization:

Ministry of Liturgy/Sacraments:

Ministry of Charity/Pastoral Service:

OTHER NON-PARISH MINISTRIES NOT LISTED ABOVE (PLEASE BE SPECIFIC):

This agreement remains in force for a period of three years unless one is reassigned by the Bishop to another parish or ministry setting or a new pastor is assigned to the parish. The special ministry location is requested to reimburse the deacon for out-of-pocket expenses and pay for continuing education up to \$750, and pay for an annual retreat. The institution is also urged to pay for the wife's retreat.

Signature of Deacon

Signature of Ministry Supervisor

Date

Signature of Deacon's Wife

Approval by Diocesan Director

Date

Please return to **OFFICE OF THE PERMANENT DIACONATE**, 9845 Memorial Drive, Houston, TX 77024