Archdiocese of Galveston-Houston

ANNUAL MINISTRY REPORT

For period

through

Please answer the following questions about your ministry <u>during the past year</u>, <u>print out</u>, sign and return the form with your ministry agreement to the address below.

	on's Name: h/Institution of Ministry:			
Minis	stry of Word/Evangelization:			
1.	Give homilies at Sunday Mass? Yes □ No □ at Daily liturgies? Yes □ No □			
2.	2. Work with the RCIA? Yes \square No \square if so, in what capacity?			
3.	3. Work with adult formation/education? Yes □ No □ if so, in what capacity?			
4.	4. Work with CCE/Youth? Yes □ No □ if so, in what capacity?			
5.	5. Work with Marriage Preparation? Yes □ No □ if so, how many couples?			
6.	6. Work with Baptismal Preparation? Yes □ No □ if so, in what capacity?			
7.	7. Work with Confirmation Preparation? Yes □ No □ if so, in what capacity?			
8.	Work with Retreats & Renewal Programs? Yes □ No □ if so, in what capacity?			
Minis	stry of Liturgy/Sacraments:			
1.	Assist regularly at Eucharist? Yes \square No \square			
2.	Baptize regularly? Yes □ No □			
3.	Witness marriages regularly? Yes \square No \square			
4.	4. Preside at Funerals, Vigils, or Burials regularly? Yes □ No □			
5.	. Preside at other liturgical services? Yes \(\simeg \) No \(\simeg \) If so, what kind?			
Minis	stry of Charity/Justice:			
1.	1. Engaged in campus ministry? Yes □ No □			
2.	Engaged in ministry to immigrants or refugees? Yes \square No \square			
3.	3. Engaged in ministry to the deaf, blind, disabled? Yes \square No \square			
4.	4. Engaged in ministry to battered women and children? Yes \square No \square			
5.	Engaged in ministry to the poor, homeless, & hungry? Yes \square No \square			
6.	Engaged in ministry to sick & dying in hospitals & nursing homes? Yes \square No \square			
7.	7. Engaged in ministry to the elderly? Yes \square No \square			
8.	Engaged in Advocacy of Social Justice & Peace? Yes \square No \square			
9.	Engaged in ministry in prisons & halfway houses? Yes \square No \square			
10). Engaged in working with Annulments? Yes \square No \square			
11	. Engaged in Parish Administration? Yes \square No \square			

(Please continue on reverse side)

Person	nal Information:				
1.	Do you speak a language in addition to Eng	glish? Yes \square No \square What?			
	Are you utilizing it in Ministry? Yes \square	No □			
2.	How many hours each week do you spend in diaconal ministry?				
3.	Are you satisfied with your ministry? Yes	\square No \square			
	If no, please explain why (this will be ke	ept confidential):			
4.	When was the last time you made a retreat	?(Month/year) Where?			
	Do you meet with a spiritual director regul	arly? Yes \square No \square If yes, how often?			
	Do you desire or are you available to be tra	ansferred to another assignment? Yes \square No \square			
5.	5. What phone number would you like listed in the Archdiocesan Directory?				
6.	Please list continuing education activities i	n which you have participated this past year:			
	(Classes, workshops, seminars, etc.)				
Signat	ure of Deacon Date	Signature of Pastor/Supervisor	Date		