

OFFICE OF THE DIACONATE
Diocese of Worcester

Individual Deacon's Annual Report

Deacon _____ Date _____

Home Address _____

City/State/Zip _____

Signature _____

Telephone _____ E-Mail Address _____

DIRECTIONS

PART I --- Complete *only* those sections that pertain to you.

PART II -- Complete *all* sections.

Please complete and mail this Annual Report in the pre-addressed envelope to the Office of the Diaconate no later than December 15 of this year

PART I -- CONTINUING EDUCATION

(Complete only those sections that pertain to you)

A. NATIONAL/REGIONAL CONFERENCES

Give name of conference, location, organization sponsoring event, date of conference, contact hours for keynote speaker & number of workshops attended.

B. DIOCESAN sponsored conferences.

Give sessions attended, speakers' names, dates, and contact hours.

Keynote Sessions: _____

C..COURSES/ WORKSHOPS/ PROGRAMS

*List courses taken in the Diocesan Collaborative Institute, colleges, agencies, etc. Give title, teacher, contact hours, and location.
1 Credit for each contact hour.*

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

D. SELF-STUDY (BOOKS, AUDIO & VIDEO TAPES)

Please list the titles, authors of books and the number of pages read for **each** book.. List the titles, presenters, of the ***tapes listened to or viewed and the length of each.*** **Books:** 1 credit hour for every 30 pages read.

Tapes: 1 credit hour for every hour of listening or viewing

a.) _____

b.) _____

c.) _____

d.) _____

e.) _____

f.) _____

g.) _____

h.) _____

E. RESEARCH & PUBLICATION

Directors must approve subject matter. The deacon must publish results in the form of an article, chapter or a Book. **Published** material or **written confirmation** material **that will be published** must accompany this form.

Credit hours granted depend on depth of research.

F. AREA MEETINGS ATTENDED:

DATE: _____ **LOCATION** _____

DATE: _____ **LOCATION** _____

PART II -- CONTINUING SPIRITUAL FORMATION

(Complete all Sections)

A. RETREAT

List the Retreat you *and* your spouse made during this past year. Give place, location (city/state), whether retreat was communal, directed or private and the duration of retreat.

Deacon: _____

Spouse: _____

B. DAYS OF RECOLLECTION & OTHER SPIRITUAL PROGRAMS

List place, presenter, location (city/state) and length of program

a). _____

b). _____

c). _____

d). _____

C. PERSONAL SUPPORT GROUPS

How many deacons or couples make up your support group? _____ **Who is** the group secretary _____
_____ **How many times** did you meet this year? _____ **List months** of each meeting:

a). _____ d). _____

b). _____ e). _____

c). _____ f). _____

D. SPIRITUAL DIRECTOR (frequency of meetings)

List the name of your *current* Spiritual Director and give *the frequency* of meetings during this past year.

a). _____

(master form -- annual report) (For Office Use Only) ----- **TOTAL HOURS CREDITED:** ----- _____