ANNUAL REPORT 2004

Name _____

1. Retreats attended during the past year (location and duration).

2. Continuing Education courses/workshops, etc. completed during the past year. Give dates and titles.

3. Give a brief summary of your ministry including your interaction with your pastor or covenant supervisor this past year.

4. Are you satisfied with your ministry? Yes _____ No _____
   If you answered NO, please explain.

5. What are your goals for the coming year?

Signed _____ Date _____

PLEASE COMPLETE AND RETURN TO DIRECTOR OF DEACONS BY SEPTEMBER 1

Diaconate Office
4102 S. 13 St.
Omaha, NE 68107 phone # 733-9327