**OFFICE OF THE DIACONATE**

**Diocese of Worcester**

**Individual Deacon’s Annual Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Deacon |  | Date |  |
| Home Address |  |
| City/State/Zip |  |
| Signature |  |
| Telephone |  | Email Address |  |

**DIRECTIONS**

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

**PART II --** Complete *all* sections.

***Please complete and submit this Annual Report 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***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Conference** | **Location** | **Organization Sponsoring Event** | **Date of Conference** | **Contact Hours for Keynote Speaker** | **Number of Workshops Attended** |
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***B. DIOCESAN-SPONSORED CONFERENCES***

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| --- | --- | --- | --- |
| **Keynote Session** | **Speaker’s Name** | **Date** | **Contact Hours** |
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***C. COURSES/ WORKSHOPS/ PROGRAMS***

*1 Credit for each contact hour*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Teacher’s Name** | **Location** | **Date** | **Contact Hours** |
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***D. SELF-STUDY (BOOKS, AUDIO, and VIDEO)***

*Books: 1 credit hour for every 30 pages read*

*Audio/Video: I credit hour for every hour of listening or viewing*

|  |  |  |
| --- | --- | --- |
| **Title** | **Author(s)/Presenter(s)** | **Number of Pages (Books)****or Hours (Audio/Video)** |
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***E. RESEARCH & PUBLICATION***

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

***Credit hours granted depend on depth of research***.

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***F. AREA MEETINGS ATTENDED:***

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:** |  | **LOCATION:** |  |
| **DATE:** |  | **LOCATION:** |  |
| **DATE:** |  | **LOCATION:** |  |

**PART II -- CONTINUING SPIRITUAL FORMATION**

**(Complete all Sections)**

***A. RETREAT***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Place** | **Location (city/state)** | **Type of Retreat (Communal, Directed, or Private)** | **Date** | **Duration** |
| **Deacon:** |  |  |  |  |  |
| **Spouse:** |  |  |  |  |  |

***B. DAYS OF RECOLLECTION & OTHER SPIRITUAL PROGRAMS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** | **Presenter** | **Location (city/state)** | **Date** | **Duration** |
|  |  |  |  |  |
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***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 the months of each meeting below.

|  |  |  |  |
| --- | --- | --- | --- |
| a) |  | d) |  |
| b) |  | e) |  |
| c) |  | f) |  |

***D. SPIRITUAL DIRECTOR***

|  |  |
| --- | --- |
| **Spiritual Director’s Name** | **Frequency of Meetings during this past year** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **(master form -- annual report 11/01/2017)** | **(For Office Use Only)** ----- ***TOTAL HOURS CREDITED:*** ------ |  |