Deacon/Deaconess/Trial Deacon/Trial Deaconess Quarterly Report

Check One: ❒ Deacon ❒ Deaconess ❒ Trial Deacon ❒ Trial Deaconess

Name_____ Phone (_____) _____- _____

Email_____

Address_____

City/State/Zip _____

Name of Church_____

Quarter: ❒ Jan-Mar ❒ April-June ❒ July-Sept ❒ Oct-Dec Year: _____

1. Do you feel you have been a good example in attendance and participation in your local church? ❒Yes ❒ No
2. In cooperation with the pastor, do you take an active role in the business of the local church? ❒Yes ❒ No
3. Do you assist the pastor in the ordinances of the local church when called upon? ❒Yes ❒ No
4. Do you maintain an active prayer life? ❒Yes ❒ No
5. Do you read and study the Bible on a regular basis? ❒Yes ❒ No
6. As an example to the laity and devotion to God, are you faithful in tithing and giving? ❒Yes ❒ No
7. Do you volunteer time or labor toward the physical maintenance of the local church property? ❒Yes ❒ No
8. Number of visits to homes or hospitals? _____
9. What positions do you currently hold in the local church? _____

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Please submit quarterly reports to the Local Church Conference. In addition, a copy of the report is to be forwarded to the TN state bishop via email at cogoptn@gmail.com or by mail to:

Church of God of Prophecy
TN State Ministries
P O Box 2319
Hendersonville, TN 37077-2319