

DIOCESE OF RHODE ISLAND
Annual Questionnaire for Deacons
Sent in January, to complete for the prior year

Name: _____

Address: _____ City/Town: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Ordination Date: _____

Present Status: Active _____ On Leave _____ Resigned [Retired] _____

Parish: _____

Address: _____

Date Assigned: _____

Rector: _____

Hours of Parish Commitment: _____

Ministry[ies]: _____

Location of Ministry[ies]: _____

Address [es]: _____

Hours of Ministry per week: _____

Supervisor: _____

Ministry [ies] Created: _____

Secular Employment: _____

Address: _____

Diocesan Committees, Appointments [dates]:

Continuing Education, Conferences, Retreats, etc [Name, date, hours and location]:
