

ANNUAL REPORT FOR SYNODICAL DEACON

Today's Date:															
Last Name:								First:							
Preferred Addr	ess:														
Phone H	lome:							Cell:							
E-mail Address:	:														
Spouse's Name	:														
Date of Setting	Apart	:													
	Act	ive		Rene	wal of	Call [Date	:							
Current Status:	OLF	:c		Date	OLFC (Grant	ed:								
	Ret	ired		Date	Retire	ment	Gra	nted:					目	Г	
Congregation:											-				
Do you wish to	discus	s the	possi	ibility	of a ch	nange	in c	all?							
No															
Yes		Is You	ır Re	quest	Urgen	t?		Yes				N	0		
1. In the past y events in you	-				_			-			-			-	
2. As you look ministry? If				-	-			-	eci	al emp	hases	s of y	/oui	r	

3. As you engage in these emphases, what encouragement, support will you need?

4. The Continuing education in which I was involved this past year included:
5. My most important continuing education learning of this past year was:
, , ,
6. Special concerns or issues I wish to share with the Bishop and Synod Staff include:

If you provide a written annual report to your congregation, please attach a copy for your Synod file. When you have completed this form, please email it and any attachments to: annualreports@mnys.org