Archdiocese of Galveston-Houston

**SPECIAL MINISTRY AGREEMENT**

**2016-2019**

**Deacon’s: Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work Phone**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ministry Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ministry Setting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL MINISTRY FUNCTIONS AGREED UPON (please be describe specifically):**

**Ministry of Word/Evangelization:**

**Ministry of Liturgy/Sacraments:**

**Ministry of Charity/Pastoral Service:**

**OTHER NON-PARISH MINISTRIES NOT LISTED ABOVE (PLEASE BE SPECIFIC:**

**This agreement remains in force for a period of three years unless one is reassigned by the Bishop to another parish or ministry setting or a new pastor is assigned to the parish. The special ministry location is requested to reimburse the deacon for out-of-pocket expenses and pay for continuing education up to $750, and pay for an annual retreat. The institution is also urged to pay for the wife’s retreat.**

Signature of Deacon Signature of Ministry Supervisor Date

Signature of Deacon’s Wife Approval by Diocesan Director Date

Please return to **OFFICE OF THE PERMANENT DIACONATE**, 9845 Memorial Drive, Houston, TX 77024