



OFFICE of the PERMANENT DIACONATE
DIOCESE OF BUFFALO

Formation Center
795 Main Street
Buffalo, NY 14203
(716) 908-6346

In the Name of the Father, and of the Son, and of the Holy Spirit.

We, Deacon _____ and _____
(Pastor or pastoral supervisor), have freely consented to this **Service Agreement**. It is our prayer that the Holy Spirit be our Guide in this endeavor, which seeks the Glory of God and the good of His people.

We have agreed that diaconal service, with the approval of the Director of the Permanent Diaconate and upon institution by the Bishop, will be defined as follows:

A. MINISTRY OF SERVICE OUTSIDE THE FAMILY of PARISHES:

Parish/Family/Organization: _____
Main Responsibilities: _____
Hours/Month: _____
Supervisor Name/Number: _____

B. MINISTRY OF THE LITURGY AND OF THE WORD WITHIN THE FAMILY of Parishes:

Parish/Family/Organization: _____
Hours/Month: _____

The Ministry of the Liturgy and of the Word will include:

Diaconal Service at the Celebration of the Eucharist:
of weekends per month: _____
of Masses per weekend: _____
Preaching Masses/Weekends per month: _____
Catechesis (ie: Life-long Faith Formation) (yes/no) _____
Baptisms? (yes/no) _____
Witness marriages? (yes/no) _____
Conducting Wake Services & Committals? (yes/no) _____
Outreach Ministry? (yes/no) _____
Other Liturgies or Services {e.g. Benediction, Liturgy of the Hours, Prayer Services, etc.}? (yes/no) _____
Other specific Ministries of Service: _____

C. Travel requirements:

Anticipated Travel: _____

Note: *Ordinary travel: Ten to twenty miles for a one hour round trip*
Extraordinary travel: More than twenty miles or more than a one hour round trip.

D. Continuing Education:

Deacons of the Diocese of Buffalo are required to participate in programs of continuing education approved by or sponsored by the Office of the Permanent Diaconate. He is expected to earn 12 hrs. continuing formation per year. These are to be reported immediately after completion on the website

E. Retreat:

Deacons of the Diocese of Buffalo are canonically required to make an annual retreat. This is to be reported immediately after completion.

During the term of this Agreement, the Deacon should be provided with:

Financial considerations are as follows:

AGREED: YES, NO, N/A

a) The deacon should be reimbursed for “out of pocket” expenses, including mileage reimbursement for extraordinary travel – up to \$800.00

b) Unless provided by another office or agency, budgetary considerations should be as follows:

AGREED: YES, NO, N/A

- a) Continuing education – up to \$800.00
- b) Deacon’s annual retreat – up to \$500.00

c) He should be entitled to all stipends as specified by the Diocese for services performed – i.e. Funerals, Committals, Marriages, etc.

AGREED: YES, NO, N/A

This Agreement is in effect for a period between three and five years:

Beginning: _____ Ending: _____

This Service Agreement is to be reviewed not less than sixty days prior to the date of expiration, with a decision to renew, modify or terminate. This Service Agreement may be reviewed at any time upon the request of either party, as well as by the Diocesan Bishop and/or the Office of the Permanent Diaconate. This Agreement will be automatically reviewed if the party responsible for the institution (pastor or other administrative head) is changed.

We accept this agreement in prayerful hope for a fruitful ministry:

	Name	Signature	Date
Pastor/ Supervisor			
Deacon			
Deacon’s Wife			
Director			