

# Deacon's Application Form

## *Personal*

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Nationality \_\_\_\_\_; Number of years married? \_\_\_\_\_; Wife's name \_\_\_\_\_  
How many children do you have? \_\_\_\_\_ Year converted \_\_\_\_\_ Are you sanctified? \_\_\_\_\_ Have  
the Holy Ghost? \_\_\_\_\_ Have you been baptized? \_\_\_\_\_ How long have you been a member of the  
Church of God of Prophecy? \_\_\_\_\_ Local church where you are a  
member \_\_\_\_\_

Foundations Course Certificate Number \_\_\_\_\_

## *Commitment*

Are you willing to work in harmony with the local pastor? \_\_\_\_\_ Are you willing to put the local church  
and its interests ahead of your own? \_\_\_\_\_ Will you avail yourself of opportunities to study for  
purposes of spiritual and intellectual advancement? \_\_\_\_\_ Will you do your best to keep your  
integrity so that no one can justly speak evil of you? \_\_\_\_\_

As a Deacon I realize that my life is to be blameless and that I will be expected to exemplify a high level  
of faithfulness. Therefore, I commit myself to this faithfulness.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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Date of Conference Action \_\_\_\_\_

Signature of Pastor \_\_\_\_\_

Signature of Clerk \_\_\_\_\_

Send this completed form to the State Overseer:  
Church of God of Prophecy  
Tennessee State Administrative Office  
P.O. Box 2319  
Hendersonville, TN 37077-2319